

SECRET

100-443887-1000

# Contract Service

Date	Action	Compensation	GS Equivalent
	Former Military Detailer to Agency. Retired Reserve Officer Contract employee		
12 Nov 61	Hired as a Career Agent with Civil Service Retirement, LPAs and PSIs,	11,415	GS-13/4
14 Oct 62	LPA	12,245	GS-13/4
28 Apr 63	Pay increase	13,270	GS-14/2
5 Jan 64	LPA	14,065	GS-14/2
26 Apr 64	PSI	14,515	GS-14/3
5 July 64	LPA	15,150	GS-14/3
25 Apr 64	PSI	15,640	GS-14/4
10 Oct 65	LPA	16,204	GS-14/4
3 July 66	LPA	16,675	GS-14/4
8 Oct 67	LPA	17,425	GS-14/4
9 Jan 68	Contract Terminated	17,425	GS-14/4
10 Jan 68	Contract Employee with Civil Service Retirement, LPAs and PSIs,	17,425	GS-14/4
14 Jul 68	LPA	18,641	GS-14/4
15 Jul 68	Contract Terminated	18,641	GS-14/4

SECRET

CLASS 10-120

[Redacted]

*Feb 69 731 10410*

13 JAN 1976

CI 055-76

*Filing*

MEMORANDUM FOR: Director of Personnel

SUBJECT

[Redacted]

[Redacted]

2. Although the personnel listed in the attachment are no longer employed by CIA, nevertheless, I suggest that their official personnel records should be documented

[Redacted]

3. Please coordinate any action connected with this memorandum with Chief, CCS; Chief, CMG; and Chief, CI Staff.

[Redacted]

Attachment: n/s

SECRET

CLASSIFIED BY 01010101

25 January 1974

Drug Enforcement Agency  
Office of Personnel  
Technical Support Section  
1405 I Street, N. W.  
Washington, D. C. 20537

Attention:

Dear

In response to the request from your office of 16 January, the following is a transcript of the employment of LUCIEN E. CONEIN:

<u>Date</u>	<u>Action</u>	<u>Salary</u>
12 Nov 61	Contract Employee with Civil Service Retirement, Legislative Pay Adjustments and Periodic Step Increases	\$11,415 (GS-13/4 eq.)
14 Oct 62	Legislative Pay Adjustment	\$12,245 (GS-13/4 eq.)
28 Apr 63	Pay Increase	\$13,270 (GS-14/2 eq.)
5 Jan 64	Legislative Pay Adjustment	\$14,065 (GS-14/2 eq.)
26 Apr 64	Periodic Step Increase	\$14,515 (GS-14/3 eq.)
5 July 64	Legislative Pay Adjustment	\$15,150 (GS-14/3 eq.)
25 Apr 64	Periodic Step Increase	\$15,640 (GS-14/4 eq.)
19 Oct 65	Legislative Pay Adjustment	\$16,204 (GS-14/4 eq.)
3 July 66	Legislative Pay Adjustment	\$16,675 (GS-14/4 eq.)
8 Oct 67	Legislative Pay Adjustment	\$17,425 (GS-14/4 eq.)
14 July 68	Legislative Pay Adjustment	\$18,641 (GS-14/4 eq.)
15 July 68	Contract Terminated	\$18,641 (GS-14/4 eq.)

Attached is Standard Forms 175 and 1150. There is no record of Standard Forms 2809 and 2810. Perhaps his military retirement obviated the need for health insurance.

cc: 414 (Personnel)

Sincerely,

Roger Fowler  
Personnel Officer

Attachments



UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
Washington, D.C. 20537

Jan. 16, 1974

Mr. John F. Blake  
Director of Personnel  
Central Intelligence Agency  
Washington, D.C. 20505

Re: Lucien E. Conein, [redacted]  
[redacted]

Dear Mr. Blake:

An official transcript of service is requested for Mr. Conein, an employee with this agency. Mr. Conein was employed with your agency from November 22, 1961 to July 15, 1968. Request Standard Form 176, 1150, 2809 and 2810 be forwarded to Drug Enforcement Administration, Office of Personnel, Technical Support Section, Attn: Mary Elliott, 3445 K Street, N.W., Washington, D.C. 20537.

Enclosed is a Standard Form 50 showing Mr. Conein's employment with this Agency.

Thank you for your cooperation in this matter.

Sincerely yours,

*James K. Ballard*  
James K. Ballard  
Personnel Director

Enclosure  
AS

# NOTIFICATION OF PERSONNEL ACTION

[illegible]

1 NAME (LAST, FIRST, MIDDLE) <b>CONELIN LUCIEN EMILE</b>		2 SEX AND <b>MR</b>		3 DATE OF BIRTH <b>1924</b>		4 SOCIAL SECURITY NUMBER <b>1-10-100000</b>	
5 VETERAN PREVIOUS 1 PAY 2 3 4 3 10 PT DISABILITY 4 10 PT OTHER		6 TENURE GROUP		7 SERVICE COMP DATE		8 PAY/IDICAP CODE	
9 REG 1 REG CHAT 2 REG 3 REG 4 REG 5 REG 6 REG 7 REG 8 REG 9 REG 10 REG 11 REG 12 REG 13 REG 14 REG 15 REG 16 REG 17 REG 18 REG 19 REG 20 REG 21 REG 22 REG 23 REG 24 REG 25 REG 26 REG 27 REG 28 REG 29 REG 30 REG 31 REG 32 REG 33 REG 34 REG 35 REG 36 REG 37 REG 38 REG 39 REG 40 REG 41 REG 42 REG 43 REG 44 REG 45 REG 46 REG 47 REG 48 REG 49 REG 50 REG 51 REG 52 REG 53 REG 54 REG 55 REG 56 REG 57 REG 58 REG 59 REG 60 REG 61 REG 62 REG 63 REG 64 REG 65 REG 66 REG 67 REG 68 REG 69 REG 70 REG 71 REG 72 REG 73 REG 74 REG 75 REG 76 REG 77 REG 78 REG 79 REG 80 REG 81 REG 82 REG 83 REG 84 REG 85 REG 86 REG 87 REG 88 REG 89 REG 90 REG 91 REG 92 REG 93 REG 94 REG 95 REG 96 REG 97 REG 98 REG 99 REG 100		10 RETIREMENT 1 CS 2 FICA		11 (If not CSC use) 3 FS 4 NONE 5 OTHER		12 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
13 EFFECTIVE DATE		14 EFFECTIVE DATE		15 EFFECTIVE DATE		16 EFFECTIVE DATE	
17 FROM POSITION TITLE AND NUMBER		18 PAY PLAN AND OCCUPATION CODE		19 GRADE OR LEVEL AND RATE		20 SALARY	
21 NAME AND LOCATION OF EMPLOYING OFFICE		22 NAME AND LOCATION OF EMPLOYING OFFICE		23 NAME AND LOCATION OF EMPLOYING OFFICE		24 NAME AND LOCATION OF EMPLOYING OFFICE	
25 DATE STATE/IDICAP CODE		26 DATE STATE/IDICAP CODE		27 DATE STATE/IDICAP CODE		28 DATE STATE/IDICAP CODE	
29 APPROXIMATE		30 POSITION OCCUPIED		31 APPROXIMATE		32 APPROXIMATE	
33 REMARKS		34 REMARKS		35 REMARKS		36 REMARKS	

Please Forward Official Personnel  
Summary and S.F. 1150 to:  
Drug Enforcement Administration  
Personnel Management Division  
1405 I Street, N.W.  
Washington, D.C. 20537  
ATTN: MARY ELLETT Room 801

1584  
9 OCT 1973

Mr. James Ballard  
Acting Director of Personnel  
Drug Enforcement Agency  
1405 I Street, N. W.  
Washington, D. C. 20537

Dear Mr. Ballard:

This is to certify that Mr. Lucien E. Conoin was employed by this Agency in a civilian capacity from 12 November 1961 to 15 July 1968, at which time he retired on disability under the Civil Service Retirement Act. He left under honorable circumstances.

Sincerely,

/s/ John F. Blaise  
John F. Blaise  
Director of Personnel

Distribution:

- 0 & 1 - Addressee
- 1 - D/Pers
- 1 - DEAB Subject File
- 1 - DEAB Chrono

OP/RAD/DEAB/FGJarema:kr (4 October 1973)

SENDER WILL CHECK		CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED	CONFIDENTIAL	CONFIDENTIAL	SECRET
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	C/RAD		
2			
3			
4			
5			
6			
ACTION		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
<p>Remarks:</p> <p>Per would like you to verify service. He was obviously for more time than indicated, only want me certifying the all of it. Do we aware of what he has too D&amp;A?</p> <p style="text-align: center;">B</p>			
FOLD HERE TO RETURN TO SENDER			
FROM NAME ADDRESS AND PHONE NO		DATE	
5-10-71		02 OCT 1973	
UNCLASSIFIED		CONFIDENTIAL	
		SECRET	

FORM NO 237 Use previous editions

(40)

SENDER WILL CHECK		CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED	CONFIDENTIAL	CONFIDENTIAL	SECRET
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	C/RAD		
2			
3	DD/Per/SP	05 OCT 1973	B
4	DD/Per-		
5	See Day's note attached		
6			
ACTION		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
<p>Remarks:</p> <p>Ben- Attached is a rewrite of the Curran memo. Also an explanatory note re his prior service.</p> <p style="text-align: right;">Jung</p>			
FOLD HERE TO RETURN TO SENDER			
FROM NAME ADDRESS AND PHONE NO		DATE	
C/EEAB 202 Magazine #3295			
UNCLASSIFIED		CONFIDENTIAL	
		SECRET	

FORM NO 237 Use previous editions

(40)



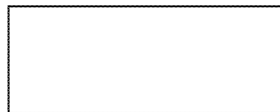
4 October 1973

Ron -

Conein was in U.S. military from September 1941 through September 1961, and on detail to OSS, SSU, CIG, and CIA to time of military retirement.

He was picked up as a civilian and as a career agent on 12 November 1961 and retired on disability on 15 July 1968.

[redacted] advised that subject claims military service as indicated above and that the only period to be certified is the period as a civilian, November '61 to July '68. This all we know about what Conein told DEA.



Distribution:

- 0 - C/RAD
- 1 - EEAB Memoa file
- 1 - EEAB Chrono

OP/RAD/EEAB/FG(arenw:apig (4 October 1973)

Mr Janney

Mr Blake

1 OCT 1973 OCT 1973

Because of the publicity this man has recieved I suggest you touch base on the phone with Howard Osborn.

RDK

Verify service +  
info to her file  
DEA

10/29/73  
VIP

SENDER WILL CHECK		CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED	CONFIDENTIAL	SECRET	
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	DD/Pers/SP	01 OCT 1973	(B)
2	D/Pers		
3			
4			
5			
6			
ACTION		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
Remarks:			
Luke Conein has applied for employment with the Drug Enforcement Agency. The Acting D/Pers asked for the attached info from CIA.			
Sent to D/Pers for signature. Conein was very controversial, much in the news about the overthrow of Ngo Dinh Diem and has been mentioned by Howard Hunt in Hunt's recent hearing before "Watergate" committee.			
K6			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
C/RAD, 212 Magazine Bldg. x3328			9/29/73
UNCLASSIFIED		CONFIDENTIAL	SECRET

FORM NO. 1-57

237

Use previous editions

(40)

28 September 1973

Ben -

[redacted] x 7264, one of the Agency's drug coordinators with DEA, called me yesterday afternoon. DEA had requested a memo verifying employment of Mr. Lucien E. Conein, whose name has appeared frequently during the Watergate hearings. The attached memorandum is what Archenhold wants.

Conein's service was verified with ROB; his "honorable service" was cleared with SAS. [redacted] I discussed the case with [redacted] Conein last year and [redacted] approved release of the information to DEA. We had verified this service to a Justice Department investigator approximately one year ago when Conein was being considered as a consultant for BNDD.

[redacted] offered to carry the memorandum to DEA.

[redacted]

1. LAST NAME <b>COHEN</b>		2. FIRST NAME <b>JOSEPH</b>		3. INITIALS <b>JC</b>		4. APPOINTMENT DATA Type of duty <b>XX</b> <b>P 1</b> Subject to Sec. 203(d) 1951 (leave Act) Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec. 203(d) <input type="checkbox"/> on Annual leave bill		5. TOTAL SERVICE FOR LEAVE as of date of information Years <b>11</b> Months <b>2</b> Days <b>41</b> <input type="checkbox"/> More than 15 years			
6. DATE AND NATURE OF SEPARATION <b>RETIRED RETIABILITY 1500 7/15/68</b>											
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)				SUMMARY OF HOME LEAVE (DAYS)				REMARKS <b>SCD 11/2/41</b>			
7. Balance from prior leave year ended <b>1/13</b> <b>1968</b>				14. Date arrival abroad for HL purposes <b>7/29/65</b>							
8. Current leave year accrual through <b>7/13</b> <b>1968</b>				15. Current balance as of <b>9/29</b> 19 <b>67</b> <b>0</b>							
9. Total				16. 12 month accrual rate <b>15 days</b>							
10. Reduction in credits, if any (current year)				17. Dates leave used, prior 24 months							
11. Total leave taken				18. Monthly accrual date							
12. Balance				19. Calendar days credit for next accrual date <b>10</b>							
13. Total hours paid in lump sum <b>360 hr plus 1 Holiday</b>				20. Date basic service period completed <b>7/29/67</b>							
14. Salary rate(s) <b>18,641</b>				MILITARY LEAVE							
15. Lump sum leave dates From <b>1500 7/15/68</b> to <b>9/17/68</b> <b>1500</b> (Hours)				21. Dates during current calendar yr _____ to _____							
22. Certified correct by: <b>7/28/68</b> (Signature) (Date) <b>AUTH. CERT. OFFICER</b> (Title) (Telephone)				23. Dates during preceding calendar yr _____ to _____							
				ABSENCE WITHOUT PAY							
				24. During leave year in which separated							
				25. During step increase waiting period which began on _____							
				26. During 12 month HL accrual period (dates) _____							
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">AWOP or Furlough (Hours)</td> <td style="width:50%;">AWOL or Suspension (Hours)</td> </tr> <tr> <td style="text-align: center;"><b>0</b></td> <td style="text-align: center;"><b>0</b></td> </tr> </table>				AWOP or Furlough (Hours)	AWOL or Suspension (Hours)	<b>0</b>	<b>0</b>
AWOP or Furlough (Hours)	AWOL or Suspension (Hours)										
<b>0</b>	<b>0</b>										

Standard Form 1150  
November 1963  
1150-106

### RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION  
PPM SUPPLEMENTS 296-51 AND 990-2

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last) (first) (middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
EMPLOYING DEPARTMENT OR AGENCY	LOCATION (City, State, ZIP Code)	

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance



**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
OPTIONAL but  
do want  
regular  
insurance



**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance



**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB," THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)  
**RETIREMENT BRANCH**

89. MAY 11 1967

See Table of Effective Dates on Back of Original

**ORIGINAL COPY—Retain in Official Personnel Folder**

STANDARD FORM No. 176-7  
OFFICIAL USE ONLY  
Use only until April 18, 1968  
176-101

SECRET

25 January 1972

MEMORANDUM FOR FILE

SUBJECT:

REFS: A. UWCT-701, 18 November 1971  
B. UWCS-705, 29 November 1971

1. This memorandum will record a series of conversations with Chief of Base,  concerning the proposed use of Subject as a re-hired annuitant or alternatively the proposed use of Subject's wife as a contract agent as a spotter and access agent for the Washington Base.
2. Based on several conversations with representatives of the Office of Security and the Office of Medical Services we have been advised that a request for approval to employ Subject or his wife would not receive either OMS or Office of Security concurrence.
3. Based on the above, Chief of Base,  has agreed to withdraw his request in Reference A and this memorandum will serve in lieu of a dispatch reply.

SECRET

NON-STAFF PERSONNEL DATA SHEET						DATE
						12/13/71
<b>INSTRUCTIONS:</b> 1. <b>SUBMIT FOR:</b> A. CONTRACT EMPLOYEES (TYPE A, B AND CAREER) B. INDEPENDENT CONTRACTORS UNDER WRITTEN CONTRACT OR MOC (US CITIZENS OR RESIDENT ALIENS ONLY) 2. THIS FORM IS <u>NOT</u> APPLICABLE FOR OPERATIONAL OR FIELD AGENTS 3. COPIES OF THE FORM WILL BE RETAINED BY THE ORIGINATING COMPONENT (NUMBER OF COPIES AT ITS DISCRETION) AND BY CSPS/AGENT BRANCH (1 COPY ONLY)						
NAME (LAST, FIRST, MIDDLE)					SEX	DATE OF BIRTH
					Male	11/27/19
MARITAL STATUS	NO. DEPENDENTS	YEARS OF BIRTH		NATIONALITY	LAST MEDICAL EXAM	
Married	4	1929, 1950, 1958, 1959		Nat. U. S. A.	11/67	
DATE OF LATEST SECURITY/OPERATIONAL APPROVAL				JOB TITLE	COMPONENT	
CSA, 10/12/61				Agent	DO	
CONTRACT CATEGORY	EFFECTIVE DATE	EXPIRATION DATE	SALARY	GRADE EQUIVALENT	PROJECT OR FAN #	
MOC			\$50.00 per task			
BENEFITS				YES	NO	
N/A						
SOCIAL SECURITY						
FECA DEATH AND DISABILITY						
ANNUAL AND SICK LEAVE						
CIVIL SERVICE RETIREMENT						
CIA RETIREMENT OR COMMERCIAL CIA ANNUITY						
FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE						
CONTRACT LIFE AND HEALTH INSURANCE						
MISSING PERSONS BENEFITS						
OTHER (EXPLAIN)						
NON-CIA EDUCATION						
University of Maryland, 77 credit hours on Bachelor of Military Science Degree U. S. Army Infantry School, Ft. Benning, Georgia, 1943 British Special Intelligence School, 1943-1944 U. S. Psychological Warfare Training, 1959 Fluent in French						
DATES		NON-CIA EMPLOYMENT				
FROM - TO	EMPLOYER	LOCATION	FUNCTION	SALARY		
9/41-9/61	U. S. Army	France Germany Indochina				
CIA TRAINING						
Paramilitary Training - 1951						
CIA EMPLOYMENT HISTORY (BEGINNING WITH EOD)						
DATES FROM - TO	FUNCTION	CONTR. CAT.	LOCATION	PROJECT	SALARY	GRADE EQUIV.
11/12/61	Ops Officer (24)	CA	Hqs	SOD		GS-13
01/ /62	"	"	Saigon	FE		GS-13
04/23/63	"	"	"	FE		GS-14/2
07/15/63	Disability Retirement	"	Hqs	FE		GS-14/4

SECRET

SECURITY

FACTORS AFFECTING SUBJECT (PUBLIC KNOWLEDGE - PRESS, RADIO, TV), KNOWN OR SUSPECTED IDENTIFICATION TO OTHER THAN CIA STAFF PERSONNEL, INTELLIGENCE, OR SECURITY SERVICES.

When Subject retired he was told to indicate CIA as his place of employment for the entire period - November 1961 through July 1968.

COVER

A. PRESENT COVER IS: ☐ OFFICIAL ☐ NON-OFFICIAL

DIVISION EVALUATION OF COVER SECURITY:

EVALUATION OF PERFORMANCE:

ADAPTABILITY (SUBJECT AND FAMILY) TOWARDS DUAL LIFE

B. PREVIOUS COVER WAS: ☐ OFFICIAL ☐ NON-OFFICIAL (GIVE BRIEF DESCRIPTION IF NOC)

MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATIONS FOR USE AFTER CURRENT ASSIGNMENT

SECRET



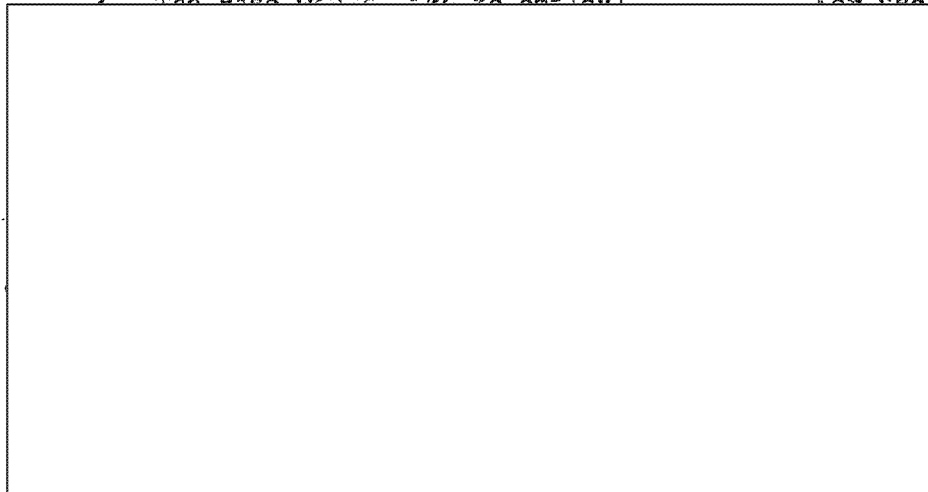
CLASSIFICATION	PROCESSING ACTION
SECRET	MARKED FOR INDEXING
Chief, DC Division	X NO INDEXING REQUIRED
Chief of Base, Washington	ONLY QUALIFIED DESK CAN JUDGE INDEXING
ISOLSG/Administrative	MICROFILM
DO Base/Washington's Proposed Use of Retired Annuitant	

ACTION REQUIRED: See paragraph 1.

REFERENCE : None

1. Headquarters approval is requested for DO Base/Washington's operational use of retired annuitant, [redacted] a former Career Agent contract employee who was retired on a medical disability 15 July 1968.

2. The Base would like to employ [redacted] for use



Distribution:

1/23 & 1 - C/DO ✓

DISPATCH SYMBOL AND NUMBER	DATE
UNCL-701	10 NOV 1971
17 November 1971	

SECRET TELEPOUCH

DISP NO - UWCS-705

FILE NO - NONE

DATE - 29 NOVEMBER 1971

INDEX - NONE

FILM - NONE

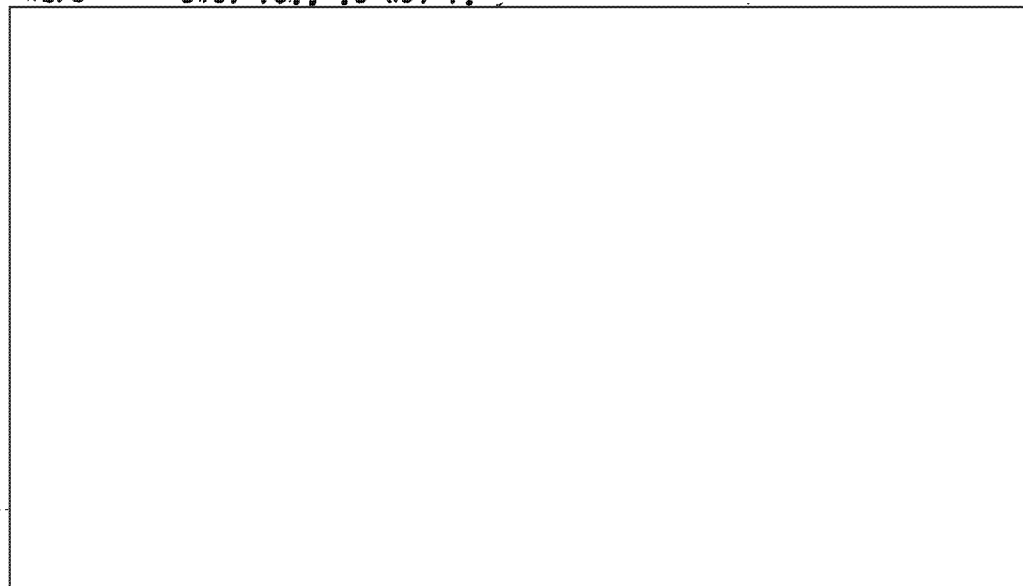
TO - CHIEF OF BASE, WASHINGTON

INFO - NONE

FROM - CHIEF, DO DIVISION

SUBJECT -

REFS - UWCT-701, 16 NOV 71



CLASSIFIED BY DC/PER

CLASSIFICATION BY DC/1/81

DECLASSIFY BY 07/00/00

SECRET

DO 71 - 353

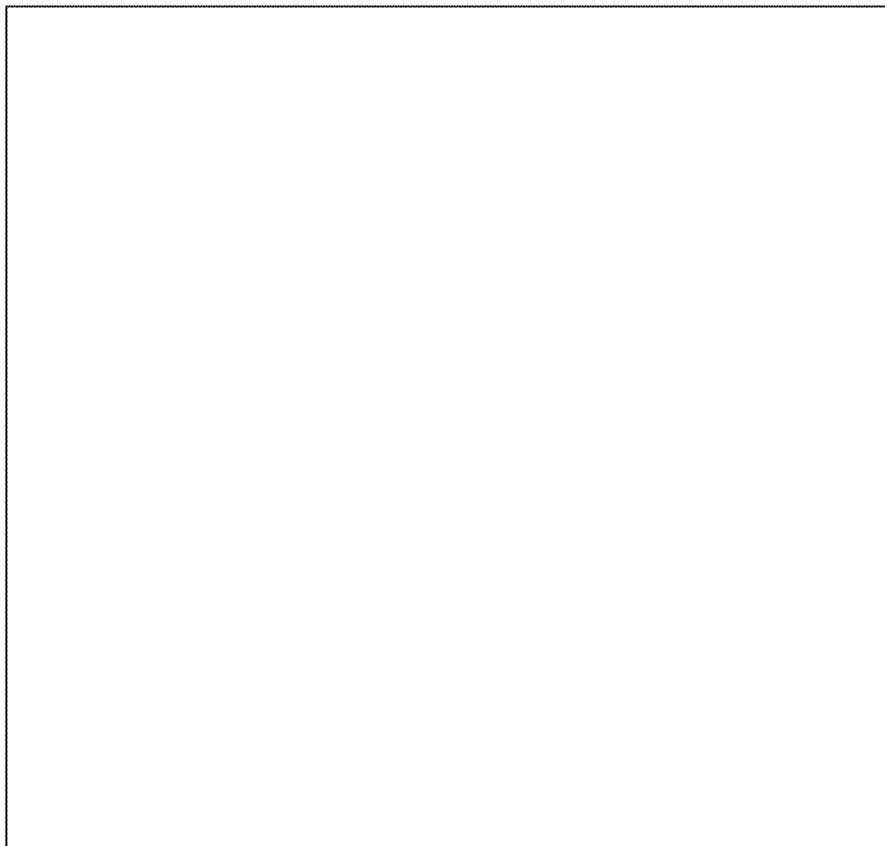
MEMORANDUM FOR: Director of Personnel

VIA : Deputy Director for Plans

SUBJECT : Lt. Col. Lucien E. Conein

*Not  
Sent*

1. A recommendation for the approval of the Director of Personnel is contained in paragraph three (3).



[Redacted Signature]

Chief, DO Division

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

**SECRET****CONCURRENCE SHEET****CONCUR:**

---

**Deputy Director for Plans**

---

**Date****APPROVAL:**

---

**Director of Personnel**

---

**Date****SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

WASH POST  
22 DEC 71

## NBC Claims Diem Death Inside Story

Seven colonels and colonels of the South Vietnamese army voted unanimously to kill President Ngo Dinh Diem in 1963, and were not particularly discouraged by his high ranking, U.S. CIA official, an NBC report scheduled to be telecast tonight discloses.

The report is Part 2 of "An NBC News White Paper: Vietnam 'Hindsight' and deals with the origins of America's involvement in that Southeast Asia country.

The report presents the first supposed inside account of Diem's assassination, disguised as a political coup, and includes statements by Alvin Davis, associate producer of the program, and Lt. Col. Lucien Conein, the key CIA man in South Vietnam during the time of the coup.

It is "quite inconceivable" to Conein that Gen. Maxwell Taylor and others were not aware of the timing of the coup, Conein says on the program, which depicts Diem's death as a Diem maneuver that backfired.

The decision to kill Diem is reported to have developed over a series of eight meetings and arguments, and, finally, a vote. Three who would have voted to save Diem were assassinated before the vote was taken. Four others including the present Prime Minister, Khanh, were deliberately excluded from the vote.

Many among the 17, however, watched him killed from the start, and the only overheard phrase spoken in French rather than in Vietnamese was by Big Minh, might have been presidential contender in the October 1961 election, who said, "The end must be killed."

After that, the vote went like this: Big Minh: kill; Gen. Don: kill; Gen. Xuan: kill; Col. Nghia: kill. At the end there was total unanimity, and a vow of alliance was taken. The silence is to be broken tonight, Davis says.

Diem had asked for full honors, and a "graceful" exit from Vietnam to exile in another country, but refused to ask Big Minh—who was furious at the slight.

Between 6 and 9 p.m. Nov. 2, the day of Diem's death, he refused again to speak to Minh, then finally spoke to him on the telephone, but Minh, outraged, hung up. On the third try, Diem gave in, asking only for safe conduct.

At this point Col. Conein said he was told by Ambassador Henry Cabot Lodge not to instigate, encourage or discourage a coup, which was in the planning stages throughout October, 1963. But Diem, Conein said, had his own plan for a phony coup, after which he and his family would be brought in honors, by popular acclaim, back to Saigon from their place of exile, Pleiku.

What happened, apparently, is that both the phony coup and the real one came off at the same time, fooling Diem and his brother, Ngo Dinh Nhu.

Conein, in an attempt to get Diem out of the country, says he asked his embassy for a plane, but was told that he would have to wait 24 hours for it.

"I spoke for the U.S. government and I was authorized, and I informed the junta (Diem's organization) that I had an aircraft, but it would take me 24 hours to have that aircraft on the ground."

"Instead," Davis asked,

"Instead, he was shot by a major in the Vietnamese army," Conein says on the telecast.

SECRET

A. TEMPORARILY FOR _____ DAYS. EFFECTIVE DATE COB _____  B. CONTINUING AS OF COB _____		DATE (HH *X*DD)	
		12 Nov 61	
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20-7)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20-7)	N/A	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20-7)
ASCERTAIN THAT _____ #2 BEING ISSUED. (HR 20-601-1)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	OK	RETURN ALL OFFICIAL DOCUMENTATION TO CCS.
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2*)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY		
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY (HR-240-2*)			
CONCUR IN ISSUANCE			
AGE HOSPITALIZATION CARD	NACS HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY			
[REMARKS AND/OR COVER HISTORY]			
COPY/NOT DISTRIBUTION COPY 1 - PDD COPY 2 - OPERATING COMMANDER COPY 3 - R 18 COPY 4 - CL 18, 19, 20 COPY 5 - R 18, 19, 20 COPY 6 - R 18, 19, 20 COPY 7 - R 18, 19, 20		[REMARKS AND/OR COVER HISTORY]	

FORM 1551 1551 1551 1551 1551 1551 1551 1551 1551 1551

SECRET

118 24 03.

14 April 1965

TO: Mr. J. Edgar Hoover, Director, Federal Bureau of Investigation

FROM: Mr. [Name], [Title], [Agency]

SUBJECT: [Subject Line]

1. [Text]

2. [Text]

3. [Text]

4. [Text]

5. [Text]

6. [Text]

7. [Text]

8. [Text]

9. [Text]

10. [Text]

11. [Text]

12. [Text]

13. [Text]

14. [Text]

15. [Text]

16. [Text]

17. [Text]

18. [Text]

19. [Text]

20. [Text]

21. [Text]

22. [Text]

23. [Text]

65-4611/P

17 AUG 1965

**MEMORANDUM FOR: Deputy Assistant Secretary for Far  
Eastern Affairs  
Department of State**

**SUBJECT**

2. Arrangements are now being made between Mr. Wendt of the Department and representatives of [redacted] In the absence of unforeseen difficulties, all of the persons named will proceed to Saigon as soon as possible. One of those named, [redacted] is now serving in Europe, but this should not delay his assignment to Vietnam.

EO-DD/S:VRT:maq (16 Aug 65)  
Rewritten:O-ExDIT:JSE:abo (17 Aug 65)  
Distribution:

- 0 & 1 - Adso
- 1 - Signing Official
- 1 - ER w/basic
- 1 - DD/S subject w/cy basic
- 1 - DD/S chrono
- 1 - DD/P w/cy basic
- 1 - C/SE w/cy basic
- 1 - D/Pers w/cy basic
- 1 - D/Finance w/cy basic

**Secondary Distribution:**

- 4 - OFF [redacted]
- 4 - FE/Pers
- 2 - Contract Personnel
- 4 - OS/PED
- 1 - C/CEPD
- 1 - C/TAR
- 1 - Manpower Office
- 8 - O/Finance

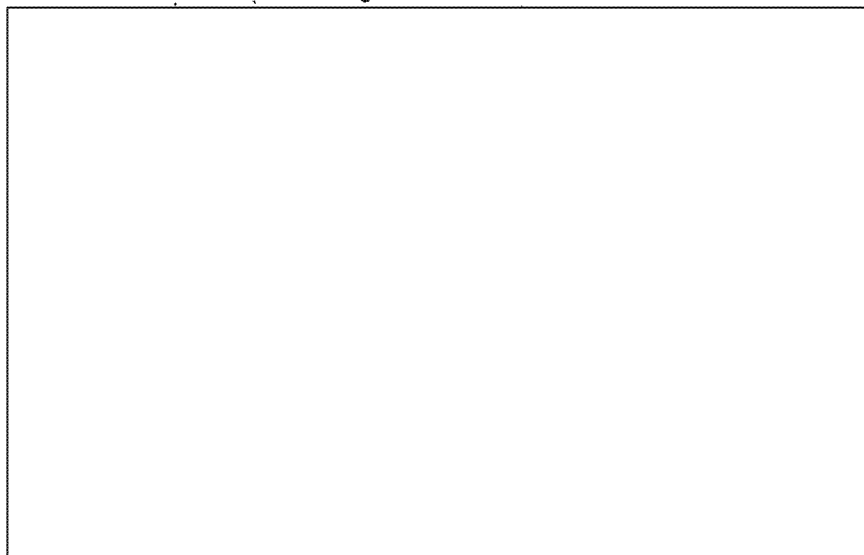
**CONFIDENTIAL**

17 AUG 1965  
U.S. DEPARTMENT OF STATE  
WASHINGTON, D.C.



**CONFIDENTIAL****DD/S 65-3882**

**MEMORANDUM FOR: Deputy Assistant Secretary  
for Far Eastern Affairs  
Department of State  
Washington, D.C.**



**Richard Holmes  
Deputy Director**

**CONCUR:**

**Chief, Far East Division**

**16 Aug 65  
Date**

**Deputy Director for Support**

**16 Aug 65  
Date**

**Director of Personnel  
16 Aug 65**

**CONFIDENTIAL**



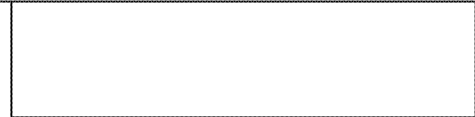
DEPARTMENT OF STATE  
WASHINGTON

65-1541

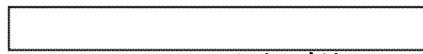
AUG 9 1955

CONFIDENTIAL

x from



Foreign Assistant Secretary  
for the Eastern Division



Vice  
Director of Central Intelligence  
Washington 25, D.C.

CONFIDENTIAL

## MESSAGE FORM

TOTAL COPIES: 71

ORIG: RICHARD WELCH

UNIT: DC/WH/3

EXT: 8337

DATE: 24 JUNE 65

☐ INDEX☐ NO INDEX☐ FILE IN CO FILE NO.

56 SECRET

C ☐ RETURN TO BRANCH ☐ FILE NO.

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

ROUTING

1.		5	
2.	<i>Amc</i>	6	
3.		7	
4.			

24 JUN 65 72 540

TO: [REDACTED]

FROM: DIRECTOR

SIG CEN

CONF: WH8

INFO: YR

FILE

☐ RID COPY

CCS 3

FI

FI/SPG

SOD 6

CI/OPS, OP 2

TO: [REDACTED]

INFO

CITE DIA

22557

COORDINATING OFFICERS

CLASSIFYING OFFICERS

SECRET

CLASSIFYING OFFICERS  
CLASSIFYING OFFICERS  
CLASSIFYING OFFICERS

AUTHENTICATING OFFICERS

REPRODUCTION OF OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

MESSAGE FORM ☐ 8 ☐ RETURN TO BRANCH ☐ FILE BID

TOTAL COPIES: SECRET

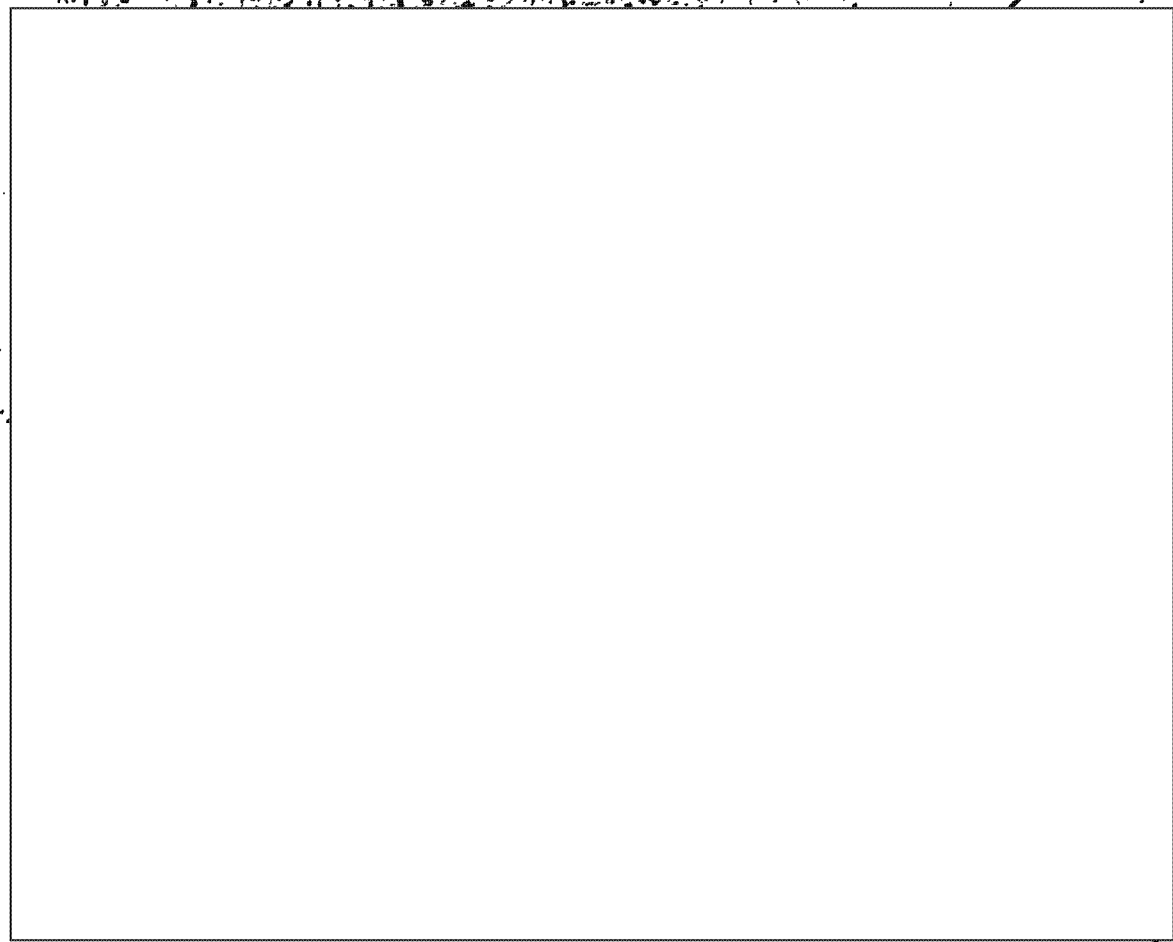
☐ INDEX  
☐ NO INDEX  
☐ FILE IN CS FILE NO.

ROUTING			
1		5	
2		6	
3		7	
4		8	

TO: PAGE #2

FROM: DIRECTOR

INFO: VR, FILE ☐ BID COPY



(CONTINUED)

MESSAGE FORM  
TOTAL COPIES: \_\_\_\_\_

ORIG: \_\_\_\_\_  
UNIT: \_\_\_\_\_  
EXT: \_\_\_\_\_  
DATE: \_\_\_\_\_

☐ INDEX  
☐ NO INDEX  
☐ FILE IN CS FILE NO. \_\_\_\_\_

**SECRET**

☐ RETURN TO SEARCH (7) \_\_\_\_\_  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

1	5
2	6
3	7
4	8

TO: \_\_\_\_\_  
FROM: DIRECTOR

PAGE #3

CONF: \_\_\_\_\_ INFO: VR FILE ☐ RID COPY

TO: \_\_\_\_\_ INFO: \_\_\_\_\_ CITE DIR: 22557

[Redacted Content]

END OF MESSAGE

WH Comment: Wish to prevent possibility that agreements between all parties vis a vis [Redacted] KUBARK role is not diminished.

CCS/CCM [Redacted]

*[Signature]*  
DESMOND FITZGERALD  
C/WHD

RELEASING OFFICER

COORDINATING OFFICERS

**SECRET**

CLASS 1  
Do not use for dissemination  
due to policy and  
security reasons

AUTHENTICATING OFFICER

REPRODUCED BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

10-21 56

UNCLASSIFIED SECRET SECRET SECRET

ROUTING AND FILING SLIP

SOURCE: (If known)		[REDACTED]		[REDACTED]	
FROM: G. E. Post, C/REAB 211 Magazine		DATE 3092		NO. 9321	
TO: (Officer designation, room number, and building)		DATE		OFFICER'S INITIALS	
1. FE/Pers		APR 1968		[Initials]	
2.					
3. Cover G H 44 Hqs.		29 APR 1968		[Initials]	
4.					
5. Security 3 H 49 Hqs.		1 May 68		[Initials]	
6.					
7. G. E. Post 211 Magazine		5/3		[Initials]	
8.					
9. [Handwritten]		5/3		[Initials]	
10. G.E. POST 211 MAG		[Handwritten]		[Initials]	
11. OP/Files 5E13					
12.					
13.					
14.					
15.					

1. Not for filing. For approval and transmittal to Cover. Please initial Copy # 1. Copy # 4 for your retention.

3. Not for filing. For approval and transmittal to Security. Please initial Copy # 1; Copy # 3 for your retention.

5. Please initial Copy # 1; Copy # 2 for your retention.

7. Please go to  
Room 30 Copy # 12

Sent to PSD  
10-111111 + to 1111 PD.

[Handwritten signature]

## RESUME

EMPLOYMENT OBJECTIVE:

Management position of responsibility where I can materially contribute to the growth and effectiveness of the organization, by utilizing my background and experience in:

1. Excellent and extensive personal and political relations with high foreign government officials in Southeast Asia.
2. Management, administration, supervision, organization and operations of internal and physical security of plants and installations.
3. Public Relations dealing with foreign government, commercial and industrial representatives to further the interest of the organization.

Available: After 1 May 1968

Salary Requirements: \$12,000 - \$15,000 per annum - could be negotiated depending on the position.

EXPERIENCE:

1. U. S. Central Intelligence Agency

December 1961 - Present

Intelligence/Operations Officer

Since joining CIA in 1961 have spent the major portion of this period overseas in Southeast Asia. Duties have included: Complete responsibility for the operation of a field intelligence station. Functions included collection, analysis, evaluation, and reporting of intelligence data; the management of the base (Personnel, Security, Finance, and Logistics); liaison with other U. S. officials (up to the Ambassadorial level) and officials of other governments up to the Prime Minister; also directed such operations as civic and political action, police and intelligence office training in counter-insurgency and the general field of intelligence.

LUCIEN E. CONEIN

Page 2

2. U. S. Army

September 1941 - September 1961

Starting as a recruit in September of 1941 was advanced to Non-Commissioned Officer in 1942 and later chosen for Officers Candidate School, Ft. Benning, Georgia, February 1943. Graduated and commissioned 2nd Lieutenant (O.S.S.), 26 July 1943. Served European Theatre of Operations October 1943 to December 1944. Parachuted behind enemy lines in civilian clothes, France, August 1944. Transferred China/Burma/India Theatre, February 1945. Parachuted into French-Indo-China, June 1945. Assigned German occupation February 1947 to August 1953, as an intelligence officer. 1953 - 1956 served as U. S. Military advisory group, Vietnam as intelligence and operations officer. 1957 - 1959 assigned as battalion commander U. S. Special Forces. Commanded an airborne battalion, Ft. Bragg, North Carolina. August 1959 - September 1961 Chief Foreign Intelligence, Assistant Chief of Staff for Intelligence, Department of Army Mission in Teheran, Iran.

EDUCATION:

University of Maryland, 77 credit hours on Bachelor of Military Science Degree

SPECIALIZED TRAINING:

U. S. Army Infantry School, Ft. Benning, Georgia, 1943  
British Special Intelligence School - 1943-44  
U. S. Psychological Warfare Training, 1959.

FOREIGN LANGUAGE:

French - fluent  
Spanish - Trained but have never used.

HONORS (CITATIONS):

Silver Star  
Bronze Star  
European Theatre (3 Bronze Stars)  
Pacific Theatre (2 Bronze Stars)



LUCIEN E. CONEIN

Page 3

Legion of Honor (Chevalier)  
Croix de Guerre (Palm and 2 Bronze Stars)  
Mention in Despatches (Palm)  
National Order of Vietnam (Officer)  
Cross of Valor (Palm)

PERSONAL DATA:

Date of Birth:	29 November 1919, Paris, France
Height:	5'11"
Weight:	175 pounds
Eyes:	Blue
Hair:	Grey brown
Marital Status:	Married, two sons, 1 daughter (9, 7, 4, respectively)
Health:	Excellent

REFERENCES:

Ambassador Henry Cabot-Lodge  
Department of State  
Washington, D. C.

Major General Edward G. Lansdale  
Senior Liaison Officer  
U. S. Embassy, APO San Francisco 96243

Mr. Michael Deutch  
Transportation Building  
815 17th Street, N. W.  
Washington, D. C. 20006

Mr. Rufus Phillips  
Airways Engineering Corporation  
1250 Connecticut Avenue, N. W.  
Washington, D. C. 20006

14-00000

**NOTICE OF TERMINATION FOR RETIREMENT**

[ ]

You are hereby notified that your resignation as a Contract Employee of the United States Government is accepted pursuant to your Retirement for Medical Disability effective 15 July 1968, and that the effective date of your voluntary termination is 15 July 1968.

You are reminded of the contents of paragraph thirteen (13) of said contract which reads as follows:

"(13) You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the espionage laws, dated 25 June 1948, as amended, and other applicable laws and regulations."

Your signature in the space provided below indicates acknowledgement and understanding of the contents hereof.

UNITED STATES GOVERNMENT

[ ]  
CONTRACTING OFFICER

ACKNOWLEDGED:

[ ]  
WITNESS:

[ ]

## SECRET

CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL				DATE
THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE				21 May 1968
PERSONAL DATA				
LOCAL ADDRESS			OFFICE AND BRANCH OF ASSIGNMENT	
			DDP/FE/VBO	
PERMANENT STATION OR BASE			POSITION OR FUNCTIONAL TITLE	
Washington, D.C.			Ops Officer	
CONTRACT DATA				
DATE CONTRACT EFFECTIVE	DATE CONTRACT LAST RENEWED	DATE CONTRACT EXPIRES	DATE OF CONTRACT TERMINATION	
12 November 1961	10 January 1968	Indefinite	15 July 1968 (500 hr)	
REASON FOR CONTRACT TERMINATION				
INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as appropriate)				
COMPONENT	CLEARED BY	DATE	REMARKS	
FINANCE				
LOGISTICS				
PERSONNEL				
CONTRACT APPROVING OFFICER		CLEARED BY (Signature)		DATE
SCHEDULE OF INTERVIEWING OFFICES				
(OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)				
OFFICE	DATE	TIME	LOCATION	INTERVIEWING OFFICIAL
CENTRAL COVER STAFF			contacted on 20 May 68 (CCS/OCB/M) and stated that he does not need to see again.	CLEARED BY (Signature)
OFFICE OF SECURITY PSD	23 May 68	1430	3E-49	DATE 23 May 68
OFFICE OF PERSONNEL CPD			Not seen in CPD	DATE 6/24/68
REMARKS (Please Initial)				
STAFF OR DIVISION AND BRANCH OF ASSIGNMENT		SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER		DATE

STANDARD FORM 54 FEBRUARY 1968 U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT NO. 1, 54-108		AGENCY CERTIFICATION OF INSURANCE STATUS Federal Employees Group Life Insurance Program	
1. NAME (Last) (First) (Middle)		2(a) DATE OF BIRTH (Month, Day, Year)	2(b) SOCIAL SECURITY NUMBER
CONEIN, Lucien E.		November 29, 1919	513   05   0926
3. CHECK THE REASON FOR TERMINATING INSURANCE			
(a) <input type="checkbox"/> SEPARATED      (c) <input type="checkbox"/> DIED      (d) <input type="checkbox"/> 12 MONTHS NON-PAY STATUS      (e) <input type="checkbox"/> OTHER (Specify)			
(b) <input checked="" type="checkbox"/> RETIRED      HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY			
(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED      (b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY      (c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)			
NOTE: IF EMPLOYEE (a) DIED OR (b) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.			
5. DATE OF LAST CHANGE, IS ITEM 3 (MONTH, DAY, YEAR)	6. ANNUAL CASH PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5 (MONTH, DAY, YEAR) (PER ANNUM)	7. IF EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES GIVE REPORT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 1767 or 176 T)	8. DATE OF NOTICE OF EMPLOYEE'S PREVIOUS (SF 55) TO INSURE (MONTH, DAY, YEAR)
July 15, 1968	\$ 18,641		
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.			
(Typed name of authorized agency official)		(Date)	
Central Intelligence Agency		17 JUL 1968	
(Name of agency)		(Title)	
		Insurance Officer, Alternate	
		Washington, D. C. 20505	
		(Mailing address, including ZIP code of agency)	

SEE OTHER SIDE  
FOR  
INSTRUCTIONS TO EMPLOYING AGENCY

CONFIDENTIAL

20 MAY 1968

MEMORANDUM FOR: Chief, Compensation and Tax Division  
VIA : Contract Personnel Division  
SUBJECT : Contract Termination - [REDACTED]  
[REDACTED]

1. [REDACTED] has been notified by the Civil Service Commission that his Disability Retirement has been approved.

2. In view of the above information, it is requested that Subject's contract be terminated effective 1500 hours on 15 July 1968. Termination of Subject's contract on this date is requested to allow him to use all of his accrued sick leave as well as his excess annual leave.

William S. Nelson

William S. Nelson  
Chief, Far East Division

Distribution

Orig & 1 - Addressee  
1 - OP/CID  
1 - FE/ESSEC  
1 - FE/PERS/VNO

FE/PERS/VNO DEWallace/eam X5459 20 May 1968

14-00000

**SECRET**

**DATE: 7 February 1968**

**MEMORANDUM FOR: Chief, Insurance Branch/BSD/OP  
Benefits and Services Division**

This is to advise you that   
has been employed under an Agency personal services contract  
effective 10 January 1968. The Contract authorizes  
participation in Civil Service Retirement, FEGLI and Federal  
Health Insurance.

Subject's contract is the administrative responsibility  
of DDP/FE.

Contract Personnel Division

**SECRET**

**Group 1 - Excluded from automatic downgrading and  
declassification**

SECRET

*Lucian Conner*

Mr. [redacted]

Dear [redacted]:

The United States Government, as represented by the Contracting Officer of this organization, [redacted]

[redacted]

(a) Covered under the Civil Service Retirement Act in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(b) Covered under the Federal Employees Group Life Insurance Act in conformance with rules and regulations applicable to appointed employees of this organization unless you execute a written waiver of such coverage. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder.

(c) Eligible for coverage under the Federal Employees Health Benefits Act in conformance with rules and regulations applicable to appointed employees of this organization. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder. Because of your eligibility under this Act (whether or not you choose to enroll), your coverage under the contract employees health program shall cease thirty-one (31) days after the effective date of this agreement.

TR. SUBMITTAL SLIP		DATE	
		14 Feb 1968	
TO: RECORD			
ROOM NO.	BUILDING		
REMARKS:			
Per [redacted]		Subject's	
[redacted]			
FROM [redacted]			
ROOM NO.	BUILDING	EXTENSION	

FORM NO. 241

REPLACES FORM 99-6 WHICH MAY BE USED

(2)

2. Your previous contract with the United States Government, effective 12 November 1961, is herein terminated by mutual consent of the parties thereto.

3. All provisions of said previous contract not in conflict with this agreement are incorporated by reference into and made a part of this agreement.

SECRET

Group - Excluded from automatic downgrading and declassification.

14-00000

--

BY \_\_\_\_\_  
Contracting Officer

\_\_\_\_\_

--	--

Group 1 - Excluded from automatic downgrading and declassification.



SECRET

## 1967 LEAVE STATEMENT

NAME: <i>WILLIAM J. WATKINS</i>		CANAL ZONE ID: <i>124-0000</i>	
DATE OF BIRTH: <i>11/1/21</i>		DATE: <i>11/1/67</i>	
Annual leave balance as of 1 January 1967			Days
Annual leave balance as of 11 March 1967			Days
Sick leave as of 11 March 1967			Days
Compensatory leave balance as of 11 March 1967			Days
Total leave carried forward from prior year			Days

*124-0000*

12/66

SECRET

**SECRET**  
(When Filled In)

11/2/67

70-210000

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) <b>Conten, Lucien E.</b>		<b>08 August 1967</b>
3. POSITION TITLE <b>Career Agent</b>		4. GRADE <b>GS-14</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/FE/VNO</b>		6. EMPLOYEE'S EXT.
7. PURPOSE OF EVALUATION		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> PRE-EMPLOYMENT   <input type="checkbox"/> ENTRANCE ON DUTY   <input type="checkbox"/> TDY STANDBY   <input type="checkbox"/> SPECIAL TRAINING   <input type="checkbox"/> ANNUAL   <input type="checkbox"/> RETURN TO DUTY   <input type="checkbox"/> FITNESS FOR DUTY   <input type="checkbox"/> MEDICAL RETIREMENT             </div> <div style="width: 50%;"> <input type="checkbox"/> HQS/TDY   <input type="checkbox"/> OVERSEAS ASSIGNMENT   <div style="border: 1px solid black; padding: 2px;">               ETO                STATION                TDY OR PCS                TYPE OF COVER                NO. OF DEPENDENTS TO ACCOMPANY                NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED             </div>   <input checked="" type="checkbox"/> RETURN FROM OVERSEAS and complete evaluation  <div style="border: 1px solid black; padding: 2px;">               STA  <b>Mid August 1967</b>                STATION  <b>Vietnam</b>                NO. OF DEPENDENTS             </div> </div> </div>		
8. OVERSEAS PLANNING EVALUATION (This block must be checked)		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9. REQUESTING OFFICER SIGNATURE <b>Donald A. Bullock, FE/PERB/VNO</b>		10. REQUESTING OFFICER 50-22 HQS 6450

11. COMMENTS <b>REF: [redacted]</b> <b>Please schedule Physical on 14th and 15th of August 1967</b> <b>"SPECIAL HANDLING"</b>	
12. REPORT OF EVALUATION <b>qualified for Departmental duty only for a minimum of one year. Must be medically evaluated prior to any processing.</b>	
DATE <b>15 November 1967</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF <b>Rex Hart</b>

FORM 259 1-64 1-64 1-64

**SECRET**

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST <b>13 Oct 1963</b>
2. NAME (Last, First, Middle) <b>[REDACTED]</b>		3. POSITION TITLE <b>Ops Officer</b>
4. GRADE <b>CA</b>		5. EMPLOYEE'S EXT. <b>5459</b>
6. OFFICE, DIVISION, BRANCH <b>DDP/FE/VMO</b>		
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           RTD            STATION  <b>Hong Kong</b>            TDY OR PCY  <b>PCY</b>            TYPE OF COVER  <b>Traveler</b>            NO. OF DEPENDENTS TO ACCOMPANY  <b>Five</b>            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 87) ATTACHED         </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           RTA            STATION            NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
9. REQUESTING OFFICER		
SIGNATURE <b>[REDACTED]</b>		
ROOM NO. & BUILDING <b>5B-56</b>		EXT. <b>5459</b>
10. COMMENTS		
<p><b>SPONSOR IS PCS ELIGIBLE.</b></p> <p><b>AF 09's will be forwarded as soon as received.</b></p> <p><b>Medical records: Mother and wife - 3 Nov at 9 a.m.; Children - 2 Nov at 1 p.m.</b></p> <p align="center"><b>REX HART</b></p>		
DATE <b>11 23 63</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <b>[REDACTED]</b>

FORM 259 USE PREVIOUS EDITIONS.

**SECRET**

(12)

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) <i>Corieux, Lucien</i>		3. POSITION TITLE
4. OFFICE, DIVISION, BRANCH <i>CA Staff</i>		5. EMPLOYEE'S EXT.
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         ETD  <div style="text-align: right; font-size: 1.2em;">1 NOV 1961</div>         STATION  <div style="text-align: center; font-size: 1.2em;">FE Area</div>         TDY OR PCS  <div style="text-align: center; font-size: 1.2em;">PCS</div>         TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         REA          STATION          NO. OF D.P.'S       </div>	
9. OVERSEAS PLANNING EVALUATION (this block must be checked)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
ROOM NO. & BUILDING <div style="font-size: 1.5em;">1410 K D</div>		EXT.
10. COMMENTS  <div style="text-align: center; font-size: 1.2em; opacity: 0.5;">CONTINUED FOR TEMPORARY ASSIGNMENT</div>		
11. REPORT OF EVALUATION <div style="text-align: center; font-size: 1.2em; opacity: 0.5;">APPROPRIATE MEDICAL STAFF</div> <div style="text-align: right; font-size: 1.2em; opacity: 0.5;">DATE O/S PCS</div>		
DATE <div style="font-size: 1.2em;">15 NOV 1961</div>		SIGNATURE FOR CHIEF OF MEDICAL STAFF 

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) <b>Conlen, Lucien B.</b>		<b>08 August 1967</b>
3. OFFICE, DIVISION, BRANCH <b>DDP/FG/VNO</b>		4. POSITION TITLE <b>Career Agent</b>
5. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETD            STATION            TDY OR PCS            TYPE OF COVER            NO. OF DEPENDENTS TO ACCOMPANY            NO. OF DEPENDENTS' RECORDS OF MEDICAL HISTORY (SF 89) ATTACHED         </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> RETURN FROM OVERSEAS and complete -            evaluation            ETD  <b>Mid August 1967</b>            STATION  <b>Vietnam</b>            NO. OF DEPS         </div>	
6. REASON FOR REQUEST (If different from purpose of evaluation, specify here)		
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>		

COMMENTS: <b>RUF: SAIGON 9663 (IN 17446)</b> <b>Please schedule Physical on 14th and 15th of August 1967</b>
REPORT OF EVALUATION   
SIGNATURE FOR OFFICE OF MEDICAL STAFF

**SECRET**

MEDICAL ACTION REQUEST AND REPORT			
1. REQUEST FOR PHYSICAL EXAMINATION BY PERSONNEL DIVISION ( <input type="checkbox"/> SECRET <input type="checkbox"/> COVERT) ( <input type="checkbox"/> ISU <input type="checkbox"/> CPR)			
2. NAME (LAST) (FIRST) (MIDDLE)		3. DATE	
CONEIN, LUCIEN EMILE		5-12-54	
4. TO POSITION	5. OFFICE, DIVISION, BRANCH		
I.O.	DDP/FE 4		
6. TYPE OF POSITION	7. EVALUATE FOR		
<input type="checkbox"/> Departmental	MAJOR Major		
<input type="checkbox"/> U.S. Field	<input type="checkbox"/> EOD		
<input type="checkbox"/> Overseas	<input type="checkbox"/> Overseas		
	<input type="checkbox"/> Returned		
	<input type="checkbox"/> Pre-Employment		
	<input type="checkbox"/> Annual		
	<input checked="" type="checkbox"/> Special (Specify)		
8. REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input checked="" type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks: Full duty/General (5-27-54)			
SECRET			

SECRET

WITHIN-GRADE PROMOTION FOR CONTRACT EMPLOYEES  
(If provided for in Contract)

CORBIN, LUCIEN E.                      FE                      13 Mar 67  
EMPLOYEE'S NAME                      COMPONENT                      DATE

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN  
ACCEPTABLE LEVEL OF COMPETENCE.

RATER

NOTED:

Contact Personnel Division

Present Compensation Rate \$16,675, GS-16/4 Equiv Effective Date 25 Apr 65  
New Compensation Rate \$17,198, GS-16/5 Equiv Effective Date 23 Apr 67

SECRET

CONFIDENTIAL

U.S. GOVERNMENT PRINTING OFFICE: 1960-882043

1. Agency and organizational designation /EE					2. Payroll period		3. Block No.		4. Slip No.				
5. Employee's name (and social security account number when appropriate) CAREER AGENT					6. Grade and salary \$16,675								
PAYROLL CHANGE DATA													
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS		NET PAY
7. Previous normal													
8. New normal													
9. Pay this period													
10. Remarks: I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.								11. Appropriation(s)		12. Prepared by Jlv 11 Jan 67			
										13. Audited by			
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase													
14. Effective date 23 Apr 67	15. Date last equivalent increase 25 Apr 65	16. Old salary rate \$16,675	17. New salary rate \$17,198	18. Performance rating is satisfactory or better.									
19. LWOP data (fill in appropriate spaces covering LWOP during following period(s): <input checked="" type="checkbox"/> No excess LWOP    Total excess LWOP _____													
(Signature or other authentication) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.													
Initials of Clerk _____													
STANDARD FORM NO. 1126 6 GAO 8000 1126-109													
CONFIDENTIAL. PAYROLL CHANGE SLIP—PAYROLL COPY													



**SECRET**  
(When Filled In)

TRAINING REPORT - LANGUAGE				COURSE TITLE		
INSTRUCTOR			PROGRAM			
			Daytime - Full-time			
NO. OF STUDENTS		NO. OF HOURS		DATE OF COURSE		
21		800		01/04/65 - 03/11/65		
STUDENT						
NAME		YOB	EDD DATE	OFFICE	GS SD	
[REDACTED]		19		VII	12 D	
(See reverse side for definitions of proficiency levels)						
LEVEL OF PROFICIENCY AT ENTRY INTO TRAINING				INSTRUCTORS ESTIMATE		
				OFFICIAL TEST		
BEFORE		NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH
	READING	X				
	WRITING	X				
	PRONUNCIATION	X				
	SPEAKING	X				
	UNDERSTANDING	X				
LANGUAGE TRAINING OBJECTIVES AND METHODS						
<p>The general aims of language training are attainment of proficiency in speaking, understanding, reading and writing. The specific objectives are (1) ability to produce and distinguish the sounds of the language; (2) ability to use a stock of basic sentences and expressions; (3) ability to recombine the elements of basic sentences and expressions and to apply them to new situations; (4) ability to comprehend the language spoken at normal speed in various situations; (5) ability to write and read the language commensurate with ability to speak.</p> <p>Methods used in all courses stress oral drills and free conversation based at first on memorized material and, at a later stage, on varied reading materials. Written and oral tests are given at intervals. Listening to and recording on tapes in the Language Lab is essential for class preparation.</p>						
PERFORMANCE EVALUATION						
	UNSATISFACTORY	SATISFACTORY		EXCELLENT		
ACHIEVEMENT		X				
ATTITUDE		X				
ATTENDANCE		X				
LEVEL OF PROFICIENCY AT COMPLETION OF TRAINING				INSTRUCTORS ESTIMATE		
				OFFICIAL TEST		
AFTER		NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH
	READING		X			
	WRITING		X			
	PRONUNCIATION		X	X		
	SPEAKING		X	X		
	UNDERSTANDING		X	X		
<p style="text-align: center;">Foreign Language Activity Code: None.</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 20px auto;"></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>FOR THE DIRECTOR OF TRAINING:</span> <span>15 MAR 65</span> </div>						

SECRET

[Redacted]

Dear [Redacted]

Reference is made to your current contract with the United States Government, as represented by the Contracting Officer.

Effective 1 August 1965, said contract is amended by adding the following paragraph thereto:

"Your eligibility and participation in this organization's Rest and Recuperation Program is herein authorized in accordance with rules and regulations applicable to Government appointed employees."

All other terms and conditions of said contract remain in full force and effect.

UNITED STATES GOVERNMENT

BY

Contracting Officer

SECRET

Group 1 - Excluded from automatic downgrading and declassification

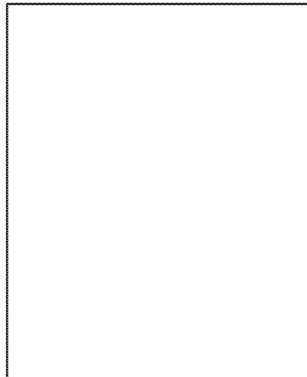
207/100-  
20 11 1965

17 NOVEMBER 1965

MEMORANDUM FOR: Contract Personnel Division,  
Office of personnel

SUBJECT : R & R for Contract Employees

Please amend the contracts of the following GCD Contract Personnel to provide for participation in the Saigon Station Rest and Recuperation Program. This amendment should be made effective as of 1 August 1965.



William H. Cobby,  
Chief, Far East Division

Coordination:

FOR/PEN

INDEX: ☐ YES ☐ NO \_\_\_\_\_

CLASSIFY TO FILE NO. \_\_\_\_\_ CLASSIFIED MESSAGE **B** TOTAL COPIES **19**

R-REF TO FILE NO. \_\_\_\_\_

FILE RID ☐ RET. TO BRANCH ☐

DESTROY ☐ SIG. \_\_\_\_\_

FROM **K/3**

ACTION **FE 8** ☒ RID COPY ☐ ISSUED ☐ SLOTTED ☐ TUBED

ADVANCE COPY

UNIT \_\_\_\_\_ TIME \_\_\_\_\_ BY \_\_\_\_\_

REPRODUCTION PROHIBITED

1	5
2	6
3	7
4	8

PERSON/UNIT NOTIFIED

INFO: **FILE, 1R, CCS 3, CCS 3, OF 2**

*Car lot*  
SECRET 270916Z OITE SAIGON 9831

27 JUL 1989

PRIORITY HONG KONG INFO DIRECTOR

MR. ~~XXXXXXXXXX~~ DEPARTING SAIGON PCS TO HQS

ON 27 JULY. PLEASE ADVANCE FUNDS FOR TRAVEL OF DEPENDENTS  
AND SHIPMENT OF EFFECTS TO WASHINGTON, D.C. AND T/A TO  
HQS.

SECRET

SECRET

BT

NNNN

5 OCT 1965

MEMORANDUM FOR: Chief, Contract Personnel Division/CP

SUBJECT: [REDACTED]

Transfer to FE Division

[REDACTED] Career Agent, transferred from WH  
Division to FE Division effective 20 August 1965. Please  
change subject's allotment number to 6137-1487, Saigon Station.

[REDACTED]  
Joseph W. Smith  
AC/FE Division

Concur:

\_\_\_\_\_  
C/WH/Per

\_\_\_\_\_  
LCH

CAREER AGENT										PAYROLL CHANGE DATA				815,150	
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOYD	F. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS		NET PAY		
7. Previous normal															
8. New normal															
9. Pay this period															

10. Remarks

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

11. Signature of  
Jlv 9 Jan 65

12. Audited by

13. Effective date  
25 Jan 65

14. Date last equivalent increase  
25 Jan 65

15. Old salary rate  
815,150

16. New salary rate  
815,640

17. Performance rating is satisfactory or better.

18. Signature or other authentication

(Check appropriate box in case of excess LWOP)

☐ No pay rates at end of waiting period.

☐ In LWOP status at end of waiting period.

Initials of Clerk

STANDARD FORM NO. 1136  
4 GAO 6000 1178-908

CONFIDENTIAL PAYROLL CHANGE SLIP

4 March 1965

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: [REDACTED] Reassignment

In conjunction with the reassignment of [REDACTED]

[REDACTED] Career Agent, from FM Division to WH Division, all salary and allowances are to be charged to Allotment 3135-1141 effective 17 January 1965.

Chief, Finance Division  
Chief  
Western Hemisphere Division

CONCERN:

SUP

FM Division

65 12-02 Final

Contract Personnel Division

SECRET

25 November 1964

MEMORANDUM FOR: Chief, Personnel Operations Division

FROM : Executive Secretary, Honor and Merit Awards Board

SUBJECT : Custody of the Honor Award presented to Mr. [REDACTED]

Due to security restrictions, the Honor and Merit Awards Board is acting as custodian of the Honor Award and related papers listed below: Intelligence Star  
Intelligence Star Certificate

When security restrictions no longer prevail, the awardee may obtain his award by calling the Secretariat.

Distribution:

- Orig. - Subject's CPP
- 1 - Subject's Division Chief
- 1 - HMAB Case File

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
COMBIE, LUCIEN E.				M	GS-14
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
OIS OFFICER			DDP/FE/VIC Saigon		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> SPECIAL (Specify): <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to)		
			1 April 1964 - 10 September 1964		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Maintains, under supervision of the COS, [redacted]					S
SPECIFIC DUTY NO. 2					RATING LETTER
Senior advisor in the selection, training, maintenance and operation of the Prime Minister's personal security force.					S
SPECIFIC DUTY NO. 3					RATING LETTER
[redacted]					S
SPECIFIC DUTY NO. 4					RATING LETTER
[redacted]					O
SPECIFIC DUTY NO. 5					RATING LETTER
[redacted]					
SPECIFIC DUTY NO. 6					RATING LETTER
[redacted]					
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, initiative, etc. Set forth past personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S



## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>He has had long experience in this area, and uses his understanding of it to great effect. He works very well independently and has shown considerable initiative. He balks at no assignment, and carries out all assignments without regard for his personal convenience, safety, or well being. In the field of written expression this officer's performance falls somewhat short, but he has made strenuous efforts to improve in this sector with some success. All in all, he is an imaginative and dedicated officer who can be counted on to discharge his duties with high effectiveness and total personal commitment. It has been a pleasure to have had him at the Station.</p>			
<p>SECTION D</p>			
<p>CERTIFICATION AND COMMENTS</p>			
<p>1. BY EMPLOYEE</p>			
<p>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</p>			
DATE	SIGNATURE OF EMPLOYEE		
	/s/ Lucien E. Conain		
<p>2. BY SUPERVISOR</p>			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
10 September 64			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
10 September 64	COB	/s/ [Signature]	
<p>3. BY REVIEWING OFFICIAL</p>			
<p>COMMENTS OF REVIEWING OFFICIAL</p>			
<p>DATE</p>			
<p>OFFICIAL TITLE OF REVIEWING OFFICIAL</p>			
<p>TYPED OR PRINTED NAME AND SIGNATURE</p>			

SECRET

SECRET

(When Filled In)

## FITNESS REPORT

EMPLOYEE SERIAL NUMBER

<b>SECTION A</b>					<b>GENERAL</b>						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX M		4. GRADE GS-14		5. SD		
6. OFFICIAL POSITION TITLE Ops Officer					7. OFF/DIV/BR OF ASSIGNMENT DDP/FE/VNC			8. CURRENT STATION Saigon			
9. CHECK (X) TYPE OF APPOINTMENT					10. CHECK (X) TYPE OF REPORT						
<input type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)					<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE				
SPECIAL (Specify):					SPECIAL (Specify):						
11. DATE REPORT DUE IN O.P.					12. REPORTING PERIOD (From to) 1 April 63 - 31 March 1964						

**SECTION B** PERFORMANCE EVALUATION

- W - Weak** Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
- A - Adequate** Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
- P - Proficient** Performance is more than satisfactory. Desired results are being produced in a proficient manner.
- S - Strong** Performance is characterized by exceptional proficiency.
- O - Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1		RATING LETTER
Maintains, under supervision of the COS, [ ]		S
SPECIFIC DUTY NO. 2		RATING LETTER
[ ]		S
SPECIFIC DUTY NO. 3		RATING LETTER
[ ]		S
SPECIFIC DUTY NO. 4		RATING LETTER
[ ]		O
SPECIFIC DUTY NO. 5		RATING LETTER
[ ]		S
SPECIFIC DUTY NO. 6		RATING LETTER
[ ]		S
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>		
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits, habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.		RATING LETTER S

SECRET

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give ~~any~~ <sup>any</sup> recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties <sup>27/11/64</sup> described, if applicable.

Subject is a virtual walking encyclopedia on the history, customs and senior personalities of Vietnam. He has been associated with this area on and off over the period of the last 10 years. During this time he has developed lasting friendships with many individuals who are now in high positions of power within the government.

On the negative side, his written and oral presentation, while showing some improvement over the previous report, still needs additional improvement. He has no supervisory responsibilities at the present time and therefore is not rated on that score. He exhibits a good sense of cost consciousness in utilization of man power, materiel and funds.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	/s/ [Signature]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
	DCOS	/s/ David R. Smith
1. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Only his difficulty in expressing himself in writing prevents this officer from being rated "Outstanding". He is a calm and detached professional who at the same time is intimately caught up in his work and in the many important contacts he has on the local scene. His very valuable role could not be performed by anyone else at this Station, nor to my knowledge, by anyone else in the organization at the present time. He is a highly valued member of the Station.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
	COS	/s/ Peor de Silva

SECRET

Transmitted VIA FYWT 80  
Dated 27 February 1963

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A</b>				<b>GENERAL</b>	
1. NAME (Last)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO
[REDACTED]		29 Nov 19	M	Equiv	GS-13
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer				S.igon Station	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> SPECIAL (Specify): Career Agent <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
28 February 1963			3 January 1963 - 31 December 1963		
<b>SECTION B</b>					
<b>PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
[REDACTED]					S
SPECIFIC DUTY NO. 2					RATING LETTER
[REDACTED]					S
SPECIFIC DUTY NO. 3					RATING LETTER
Station senior area and language expert deriving from approximately seventeen years residence in and study of Indochina.					O
SPECIFIC DUTY NO. 4					RATING LETTER
Conducts liaison with U.S. Special Forces and acts as honorary Executive Officer, Special Forces Command, Vietnam.					P
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Subject is one of the outstanding American experts on current day Vietnam. He has lived and traveled in the area for a number of years and has continued a study of the area while absent from it. Many of the current senior officers up to the general staff level were formerly Subject's subordinates and regard him as a friend and colleague whom they trust and in whom they will confide.</p>			
<p>Subject's ability to express himself in writing, while adequate, can stand improvement. He is evidently sincerely attempting to remedy this and some progress is noticeable. Overall, Subject is a distinct asset to the Station and we are particularly pleased to have him. Subject is a career agent and an amendment of his contract to reflect a promotion to the next higher equivalent grade is recommended.</p>			
<p>SECTION D</p> <p>CERTIFICATION AND COMMENTS</p>			
<p>1. BY EMPLOYEE</p> <p>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</p>			
DATE	SIGNATURE OF EMPLOYEE		
25 February 1963	/s/ Lucien E. Concin		
<p>2. BY SUPERVISOR</p> <p>MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION</p> <p>IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</p>			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
25 February 1963	LCOS	/s/ David R. Zalta	
<p>3. BY REVIEWING OFFICIAL</p> <p>COMMENTS OF REVIEWING OFFICIAL</p> <p>I concur in the rating given above to Subject who has proved himself invaluable to the Station and to the front office in terms of his thorough knowledge of the Vietnamese scene, of Vietnamese personalities, and of the many issues involved here. I have personally leaned heavily on his judgment and advice. Our high appraisal of Subject is shared by the Ambassador and by the Deputy Chief of Mission. I have found that Subject works in a discipline manner and functions cooperatively with other members of the Station. He has made very definite progress as a staff officer and in applying himself to the paper work which goes with that responsibility. I personally initiated the recommendation that Subject be promoted in Agency grade as well as in U.S. Army rank, mentioned in Section C, above.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
25 February 1963	COS	/s/ John E. Richardson	

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U. S. GOVERNMENT PRINTING OFFICE: 1960-588248

1. Agency and organizational designations <b>DDP/FE</b>						2. Payroll period		3. Blank No.		4. Slip No.		
5. Employee's name (and social security account number when appropriate) <b>CAREER AGENT</b>						6. Grade and salary <b>\$14,065</b>						
<b>PAYROLL CHANGE DATA</b>												
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	P. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS	NET PAY
7. Previous normal												
8. New normal												
9. Pay this period												
10. Remarks <b>I CERTIFY THAT THE WORK OF THE ABOVE ANMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</b>						11. Appropriations		12. Prepared by <b>jlw 15 Jan 64</b>				
								13. Audited by				
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase												
14. Effective date <b>26 Apr 64</b>		15. Date last equivalent increase <b>28 Apr 63</b>		16. Old salary rate <b>\$14,065</b>		17. New salary rate <b>\$14,515</b>		18. Performance rating is satisfactory or				
19. LWOP data (fill in appropriate spaces covering LWOP during following period(s)) <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP. _____												
(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.												
Initials of Clerk _____												
<b>CONFIDENTIAL</b> PAYROLL CHANGE SLIP — PERSONNEL COPY												

STANDARD FORM NO. 112dd  
4 GAO 6000 1126-508

SECRET

Dear [redacted]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 12 November 1961.

Effective 24 April 1963 said contract is amended by revising the first sentence of paragraph three (3) entitled "Compensation and Taxes" to read as follows:

"For your services as a Career Agent you will be compensated at a basic salary of \$13,276 per annum, the equivalent of a GS-142."

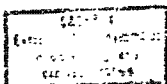
All other terms and conditions of the contract remain in full force and effect.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

HL/Lt 10 May 63  
CA/PMQ  
C.A.

SECRET



CONFIDENTIAL

25 APR 1963

MEMORANDUM FOR: CSPO/Career Agent Panel

SUBJECT: ~~XXXXXXXXXX~~, Salary Increase  
[Redacted]

1. It is requested that Mr. ~~XXXXXXXXXX~~'s contract with this Agency as a Career Agent be amended to reflect a salary increase to the equivalent of a GS-14. His present salary is equal to a GS-13(4), \$12,245; the increase is computed to be the equivalent of GS-14(2), \$13,270.

2. Mr. ~~XXXXXX~~ who is contracted by the Agency under the ZIRJEMEL program, is presently assigned to the Saigon Station where he functions as the Station paramilitary staff officer, senior advisor on the major counterinsurgency programs. His extensive background and experience in Vietnam has made him a particularly valuable officer and asset to the Station. His overall performance is evaluated in his Fitness Report as strong. The Chief of Station, Saigon, has recommended that Mr. ~~XXXXXX~~ be given a promotion to the GS-14 equivalent and the Acting Chief, SOD, concurs.

3. The amendment should be effective with the next pay period.

*W. F. Collins*  
William F. Collins  
Chief, Far East Division

Approved by CSPO/Career Agent Panel  
(Date): 7 May 1963

[Redacted]  
Secretary, CSPO

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SECRET

17 NOV 1961

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT : [REDACTED]

[REDACTED]  
Therefore, FE Division is responsible for completing the final details of his processing:

2. [REDACTED] will be paid by FE Division, allotment number [REDACTED], and FE Division will be administratively responsible for welfare during his tour of duty with that division. It is requested that regular annual fitness reports be forwarded to CA Staff for [REDACTED]. It is further requested that CA Staff be advised of any action taken which will affect [REDACTED]'s career with the Agency as a member of project ZRJEWEI, including any amendments to the present contract.

3. After [REDACTED] completes his tour of duty with FE Division he will return to project ZRJEWEI, and all administrative responsibility will then be transferred from FE back to CA Staff.

4. [REDACTED] received a full security clearance on 12 October 1961, and medical approval for PCS Saigon, 15 November 1961.

[REDACTED]  
Chief, Support Group, CA Staff

CONCUR:

[REDACTED]  
Chief, FE Support

(Date)

SECRET

SECRET

Mr. [REDACTED]

Dear [REDACTED]

The United States Government, as represented by the Contracting Officer, hereby contracts with you for your services as a Career Agent under the following terms and conditions:

1. Status. Your status is that of a Government employee under contract and, as such, your rights and benefits are governed by the provisions of this agreement. It is specifically understood that you are not entitled to rights and benefits pertaining to appointed staff status, except as provided herein.

2. [REDACTED]

3. Compensation and Taxes. For your services as a Career Agent, you will be compensated at a basic salary of \$11,415 per annum. You will be entitled to a post differential in conformance with applicable Government regulations. In addition, you will be entitled to within-grade promotions and Legislative pay adjustments in substantial conformance with rules and regulations applicable to Government appointed personnel. Payments will be made as directed by you in writing in a manner acceptable to the Government. Monies paid you directly or guaranteed by the Government under this paragraph constitute income for Federal tax purposes. You will be advised as to the method to be followed in reporting and paying such taxes. The method as well as the procedures used by this organization to implement its tax reporting responsibilities will be based primarily upon cover and security requirements. Unless precluded by such requirements, taxes will be withheld therefrom and submitted by this organization.

4. Allowances. You will be entitled to: (a) Living quarters allowances in conformance with applicable Government regulations. You may be provided quarters by your cover facility or the Government and, in such event, you will not be entitled to the living quarters allowances herein indicated.

(b) Cost of living allowances in conformance with applicable Government regulations including, but not limited to, a post allowance or an equalization allowance in lieu thereof, a supplementary post allowance, a transfer allowance, a home service transfer allowance, an education allowance and a separation allowance.

5. Travel. You will be advanced or reimbursed funds for travel and transportation expenses for you, your dependents, your household effects and your personal automobile to and from your permanent post of assignment, and for you alone for authorized operational travel. In addition, you will be entitled to storage of such household and personal effects as are not shipped

SECRET

SECRET

in conformance with applicable Government regulations. You will be entitled to per diem in lieu of subsistence in the course of all travel performed hereunder, and when authorized, for you alone while on temporary duty away from your permanent post of assignment. In addition, you will be entitled to reimbursement in accordance with standardized Government rates for the authorized official use of your private automobile. All travel, transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

6. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information, as specifically approved by the Government. Such funds will be subject to payment and accounting in compliance with applicable Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

7. Repayment. It is recognized that your failure to account for or refund any monies advanced you hereunder shall entitle the Government to withhold the total amount of such indebtedness or any portion thereof from any monies due you under the terms of this contract in such manner as it deems appropriate.

8. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by this organization in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to the continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U. S. C. A., App. 1001-1015).

(c) You will be entitled to sick, annual and home leave (including travel expenses incident thereto) equal to and subject to the same rules and regulations applicable to Government appointed employees. Annual leave may only be taken at times and places approved in advance by appropriate Government representatives.

(d) From the salary paid pursuant to this contract there shall be deducted the appropriate rate percentage (presently 6 1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. When circumstances of your cover warrant or require contributions to social security, such contributions will be at your expense and you will not be reimbursed therefor by the Government.

(e) (1) This organization is authorized to pay the cost of necessary hospitalization and related travel expenses for illness or injury incurred by the U. S. citizen full-time Career Agent in the line of duty while permanently assigned abroad.

(2) This organization may pay certain necessary costs of hospitalization and related travel expenses for illness or injury incurred by the dependents of a U. S. citizen full-time Career Agent permanently assigned abroad, while they are located abroad.

SECRET

SECRET

It is understood and agreed that the eligibility and extent of the participation by you and your dependents in the above medical programs will be in conformance with the rules, regulations and policies of this organization in effect at the time an illness or injury is incurred, that all claims will be submitted only to this organization and that adjudication of such claims by this organization shall be final and conclusive.

(f) You are herein authorized to apply for enrollment in a health insurance program for certain selected Career Agents in this organization, subject to all the terms and conditions of that program. If accepted, this organization is presently authorized to bear a portion of the premium cost, you will bear the remainder. Your financial contribution will be effected either by payroll deduction or by direct remittance at periodic intervals to be established by this organization.

9.

10. Execution of Documents. If, in the performance of services under this contract, you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

11. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

12. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

13.

SECRET

SECRET

14. Term. This contract is effective as of 12 Nov 61, and shall continue thereafter for an indefinite period unless sooner terminated:

(a) Upon ninety (90) days' actual notice by either party hereto, or

(b) Upon actual notice to you in the event the results of an initially required medical examination are determined by this organization to be unsatisfactory, or

(c) Without prior notice by the Government in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. In the event of voluntary termination on your part or termination for cause by the Government prior to the expiration of this agreement or any renewal thereof, you will not be entitled to return travel expense to the United States. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_

Contracting Officer

ACCEPTED:

\_\_\_\_\_  
Arthur R. Schwiegrath

WITNESS:

APPROVED:

*(S) 10/16/61  
en/mc*

SECRET

CONTRACT INFORMATION AND CHECK LIST				PAGE OF 1		CA 100	
[Instruction] Use of 1000 and 1000-1000-1 for guidance. Complete all items including "A" when items are not applicable. Forward original and 100 copies for preparation of contract.				TELEPHONE EXTENSION 1611		DATE 15 October 1972	
GENERAL							
1. NAME <input type="checkbox"/> FIRST <input type="checkbox"/> MIDDLE <input type="checkbox"/> LAST		2A. PROJECT ZEWEL		3. ALLOTMENT NO.		4. SLOT NO.	
		2B. PERMANENT STATION Unknown		3A. FUNDS <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2			
5. PREVIOUS CIA PSEUDONYM OR ALIASES		6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and salary.) Military detailee - Maj. USA - July 1943 - 15 Oct. 1946					
7. SECURITY CLEARANCE (Type and date)		7A. MEDICAL CLEARANCE <input type="checkbox"/> OBTAINED <input type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.		8. CONTRACT IS TO BE WRITTEN IN SIMPLE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input type="checkbox"/> NO				10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Career Agent <input checked="" type="checkbox"/>			
SECTION III PERSONAL DATA							
11. CITIZENSHIP U.S.		12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO		13. AGE 41		14. DATE OF BIRTH (Month, day, year) 29 Nov. 1919	
15. LEGAL RESIDENCE (City and state or country) Kansas City, Kansas				16. CURRENT RESIDENCE (City and state or country) McLean, Virginia			
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED							
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE: Wife - Elyette B. - 30 Son - Laurent P. - 3 1/2 Son - Philippe J. - 2 Son - Charles - 11 (with former wife)				19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:			
SECTION IIII U.S. MILITARY STATUS							
20. RESERVE Retired Reserve		21. VETERAN Yes		22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat) Retired Reserve - 30 Sept. 1961			
23. BRANCH OF SERVICE US Army		24. RANK OR GRADE Lt. Col.		25. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
SECTION IV COMPENSATION							
27. BASIC SALARY \$11,415		28. POST DIFFERENTIAL Yes		29. COVER (Breakdown, if any) To be established		30. FEDERAL TAX WITHHOLDING COVER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CIA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)							
31. STARTING Yes		32. POST Yes		33. OTHER /Transfer, home service transfer, education, separation when applicable.			
34. COVER (Breakdown, if any) To be established							
SECTION VI TRAVEL							
35. TRIP <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL		36. BIRTH (Month, day, year) 15 Nov. 1919					
37. AIR TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		37A. HME TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		37B. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		38. TRANSPORTATION TO BE USED FOR OPERATIONAL TRIP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH: Wife - US - 32 - 4 Sept. 1929 Son - US - 3 1/2 - 19 Apr. 1958 Son - US - 2 - 16 Nov. 1959							
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS							
SECTION VII OPERATIONAL							
42. PURCHASE OF INFORMATION Where applicable				43. ENTERTAINMENT Where applicable			
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS OR							

TRANSMITTAL SLIP		DATE
		15 Nov 72
ROOM NO.	BUILDING	
REMARKS The Commission requests you go ahead in the case in advance of final approval (which is in working order) A staff wants to sign up Subject to Nov. Security approval is in process as of 11/15/72		
FROM: [Signature]		

59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068 1069 1070 1071 1072 1073 1

# TRAINING EVALUATION REPORT 435

NAME <i>Coleman, Lucian E.</i>		DATE <i>12 Oct 1953</i>
PROJECTED PERSONNEL ACTION <i>Reassignment to Reg Personnel</i>		
FROM: <i>D.O. Region USA. SE Pennington</i>		
TO: <i>T.O. Major USA. SE Washington</i>		
COURSE	EVAL.	
BIC (CS)		also BIC, BITC, SOC, BTP, DDC
BTP II	<i>51</i>	also BIC
BTP III	<i>51</i>	also AIC, AITC, AOC, CAI
BTP IV		
RO		also PM I, II, III; RAFT
ITC		also CI Tech
Adm'n		
BIC	<i>51</i>	
REMARKS		
Subject has completed training as shown at the left. FI/OPS training comments that:		
CFA		a. this (does-does not) meet minimum training standards re qualification for the projected action.
Rpts		<input checked="" type="checkbox"/>
OB		
OSC (CE)		b. Subject currently enrolled in courses shown in red, the completion of which will satisfy minimum standards.
EAE		
CPW		
CPA		c. Subject, unless (no other) has had a field or other experience which is accepted in lieu of training, should be required to take the following (qualifying-refresher) training.
CPO		<input checked="" type="checkbox"/>
STB		
CEW		
IT		
GW		
SAB		
AO		
MO		
SUR		
BFOT		
DOC		
LOCKS		
S/W		
F&S		
SAF		d. Subject's division advised of these recommendations. (Agree-Disagree)

FORM NO. 59-77  
APR 1953

SECRET

(48)

12 November 1953

MEMORANDUM FOR: Personnel Officer,   Officer

FROM : FI Career Management Officer

SUBJECT : Personnel Action On COLEMAN, Lucian E.

1. The FI Career Service Board has (approved - disapproved) the personnel action of (promotion - reassignment - ) of subject. The FI Training Officer has recommended that subject be scheduled for additional training in order to satisfy the requirements of the proposed personnel action. The following training program has been recommended.

2. Please schedule these courses as soon as possible through your Division Training Officer who will coordinate with the FI Training Officer.

Phase TT



Lucien Baile Costa

30

11 May 1944

Saigon Liaison  
KREMLIN Area Ops.  
Officer

FB

Subj. in file  
(12/1/44)

Major. Utility

ED-45

Ops. Group "A" (equivalent to Phase #2)  
SIC, CAL  
ca

REF-100 11/1/44

British Airborne School Nov 1943 - Mar 1944, TIS (Fort Benning Inf Sch. CGS  
Wyandotte B. S. 1934 - 1936, University of Maryland (European Branch) Apr-Jul/  
1943

French Speech, Good Write Excellent

1935 - 1940 Printing - Proofman and Typesetter - F. R. Buckley Employer  
1940 U.S. Army Captain, Infantry Duties Intelligence

Jul 43 to Nov 43	Cmd. Platoon Leader Ops Co. 2nd Lt. Overman
Nov 43 to Dec 43	Cmd. Platoon (Special Mission to France) 1st Lt. Overman
Dec 43 to Dec 43	Cmd. Special Mission France-Indochina Captain Overman
Jan 44 to Jan 44	Cmd. Mission to Germany, Disposed Major Overman
Mar 44 to May 44	Chief of Staff Operations 2nd Major Overman
May 44 to Oct 44	Operations Officer Burnberg Ops Base Major Overman
Oct 44 to present	Intel Officer - FI 2nd Lt. Albanian Br. Washington, Md.

PI-4 Intelligence Dept

UNIT 93-4

**SECRET**

CUMULATIVE TRAINING RECORD					D. M. 1 June 1954	
NAME <b>Lucien E. Conelin</b>			PROJECTED PERSONNEL ACTION			
FROM: I.O. Maj. USA SZ/Wash.			PROMOTION REASSIGNMENT TRAVEL	OTHER (Specify)		
TO: Area Ops Off. Maj. USA/FE/Indochina			AOS			
X	COURSE	DATE TAKEN	X	OTHER TRAINING COURSES	DATE TAKEN	REMARKS:
	GICEST, ALSO					1. CONSTRUCTIVE CREDIT (CC) HAS BEEN AUTHORIZED FOR COURSES SO MARKED BASED UPON SUBJECT'S PREVIOUS <input type="checkbox"/> BACKGROUND <input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING.
	GIC, BITE, SOC, BTP AND BVS					
	BTP II, ALSO DC	51				2. SUBJECT HAS COMPLETED TRAINING OR RECEIVED CONSTRUCTIVE CREDIT AS SHOWN AT THE LEFT.
	BTP III, ALSO AIC, AITC, AOC AND CAT	51				
	PO, ALSO PW I, II, III AND BAST					STAFF TRAINING OFFICE COMMENTS: <input checked="" type="checkbox"/> A. THIS <input checked="" type="checkbox"/> DOES <input type="checkbox"/> DOES NOT MEET MINIMUM TRAINING STANDARDS RE QUALIFICATION FOR THE PROJECTED ACTION. <input type="checkbox"/> B. SUBJECT IS CURRENTLY ENROLLED IN COURSES MARKED WITH AN S. THE COMPLETION OF WHICH WILL SATISFY MINIMUM STANDARDS. <input checked="" type="checkbox"/> C. UNLESS SUBJECT HAS HAD PREVIOUS NO. OR FIELD EXPERIENCE, WHICH CAN BE ACCEPTED IN LIEU OF TRAINING, <del>SUBJECT SHOULD BE REQUIRED TO TAKE</del> <input type="checkbox"/> QUALIFYING <input type="checkbox"/> REFRESHER TRAINING AS CHECKED AT THE LEFT.
	IVC ALSO CT TECH					
	ADMIN					
	SIC	51				
	SUP					
	SFA					
	APIS					
	OB					
	OSC (CS)					
	E A E					
	CPW					
	WP SOC					
	CPD					
	STB					
	CIB					
	IT					
	IV					
	SAD					
	AO					
	W					
	SW					
	SGT					
	SGC					
	LOGAN					
	IV					
	P B 1					
	117					

TO: Personnel Officer,

[Signature]

FROM: Career Management Officer

[Signature]

The above projected personnel action has been ☐ approved ☒ disapproved by the Career Service Board. Additional training as indicated above has been recommended by the Training Officer to satisfy requirements of the proposed personnel action.

Please schedule these courses as soon as possible through your Division Training Officer who will coordinate with the Senior Staff Training Officer.

~~SECRET~~

二、全 體、商 務、

SECRET

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (use pseudo only if SA)	DATE (from item 5-2)	NAME OF SUPERVISOR (if any)	DATE (from item 5-2)
Conein, Lucien E.	6 Jan 67		21 Jan 67
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
8 February 1967	FVST-14709		

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
29 Nov 19	C/A	ROIC, Bien Hoa GS-14.	Vietnam	
6A. DATE OF PCS ARRIVAL IN FIELD	6B. REQUESTED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
29 Sept 1965	July 1968	15 Aug 1968.	1 Sept 1968	

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

Mother - 76                      Sons - 8 and 9  
Wife - 38                      Daughter - 5

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

Desire serve in a Post with family.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (Also attach personal cover questionnaire in accordance with CST-F 240-8)

Special assignment to Lansdale group, U.S. Embassy, Vietnam. COD Provincial Officer, Bien Hoa. Advised, financed, supplied Revolutionary Development Cadres, Census Grievance, and Provincial Reconnaissance Units. ROIC, Bien Hoa Region, consisting of eleven Provinces. Supervise 27 U.S. personnel assigned to OB and COD duties in the Provinces. Admin supervision of finance, supplies, and commo. Supervise the intel collection activities of all programs in the Region. Reporting significant information to the appropriate Divisions of the Vietnam Station. Maintaining liaison with key U.S. and Vietnamese officials in the Region.

10. TRAINING DESIRED:

INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

Language training - desire short course in the local language of next assignment.

**SECRET**

**11. PREFERENCE FOR NEXT ASSIGNMENT:**

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

**Desire assignment commensurate with past training and experience.**

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 (for 1st, 2nd, and 3rd choices) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS, IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

☒ EXTEND TOUR 16 months MONTHS AT CURRENT STATION TO July 1968  
(DATE)

☐ BE ASSIGNED TO HQ/OTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_

☒ BE ASSIGNED North Africa 1ST CHOICE South 2ND CHOICE Europe 3RD CHOICE \_\_\_\_\_  
INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION

☐ RETURN TO MY CURRENT STATION America

**TO BE COMPLETED BY FIELD STATION**

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

**Strongly concur in this officer's request for extension.**

**COS personally suggested such action to him.**

**TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE**

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

**FE Division concurs in Mr. Conein's 16-month extension to July 1968.  
FE is notifying Subject by dispatch, subject to S.D. concurrence.**

DATE 16 Feb 67 TITLE CFE/PERSONNEL SIGNATURE \_\_\_\_\_

**FOR USE BY CABLE SERVICE**

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH (3). \_\_\_\_\_ DATED: \_\_\_\_\_  
CABLE NO. \_\_\_\_\_ DATED: \_\_\_\_\_

CABLE SERVICE REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_  
(3.0047004)

**SECRET**

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE TRANSMITTAL

INSTRUCTIONS

- A. This questionnaire is designed to provide information for consideration by headquarters in planning your next assignment.
- B. Each supervisor in the field will ensure that this questionnaire is completed for each employee under his immediate supervision and forwarded to headquarters eight (8) months prior to the individual's planned date of departure from the station.
- C. The questionnaire will be completed and forwarded through normal channels to headquarters in triplicate.
- D. The questionnaires of Staff Agents should include entry, duties, and discussion of cause factors where appropriate.

SPECIAL NOTE

This form must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information or methods of operations, it is normally expected that a complete and realistic statement of major duties may be requested in Item No. 8. However, the nature, purpose or disposition of information or operations will not be included. On the other hand, the description of the major duties of certain other employees may jeopardize security and should not be fully reported in this form. In these cases a general statement of duties will be indicated in Item No. 8 so as to show the level of responsibilities involved and enable reviewers at headquarters to understand the nature of your position. No names, operational techniques, objectives or purposes of the operation should be included.

NAME OF EMPLOYEE (in pseudonym, if any) 0-5204

SIGNATURE OF EMPLOYEE (in pseudonym, if any)

0-2

DATE 21 January 1967

FORM 202 21 JAN 1967

SECRET

DISPATCH

CLASSIFICATION  
SECRET

PROCESSING ACTION

MARKED FOR INDEXING

X

NO INDEXING REQUIRED

ONLY QUALIFIED DESK  
CAN JUDGE INDEXING

MICROFILM

Chief, Far East Division

ATTN: PARDEE

Chief of Station, Vietnam

SUBJECT

Commendation of [REDACTED]

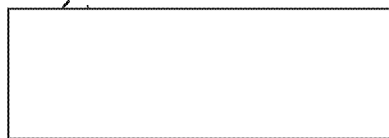
ACTION REQUIRED REFERENCES

1. Forwarded under separate cover is a commendation from General Landale for [REDACTED]

2. I thought you would be interested in seeing it since it is a good indicator of how much of the General's reporting can be believed. Notice particularly the paragraph on page 2 concerning [REDACTED] "services to my staff...in an applied field of philology, particularly in Vietnamese oral linguistics and the working of official documents..." When this paragraph was shown to [REDACTED] he gave vent to some very soldierly language, pointing out that he doesn't speak a word of Vietnamese nor can he read it.

Attachment:  
Commendation u.s.c.

Distribution:  
3 - C/FE w/att u.s.c.



*Copy to [REDACTED] 1/9/60*

WAS REFERENCE TO

DISPATCH SYMBOL AND NUMBER 13129

DATE

FVST-

CLASSIFICATION

FILE NUMBER

SECRET

# DISPATCH

CLASSIFICATION

**CONFIDENTIAL**

PROCESSING ACTION

MARKED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK

CAN ADD INDEXING

DISPOSABLE

TO Chief of Station, Saigon

INFO

FROM Chief, Far East Division

SUBJECT Approval of Home Leave and New Tour - [REDACTED]

ACTION REQUIRED REFERENCES

FMST 6081, 20 August 1961

1. Headquarters is pleased to advise [REDACTED] has been approved for home leave and return to Saigon for a second tour.

2. For your information, [REDACTED] contract, effective 12 November 1961, is written for an indefinite period, and will continue in effect, as amended, until such time as it is terminated in accordance with the provisions contained therein.

WILLIAM

Distribution:

Orig. 3 1 - [REDACTED]

*Reports Sup 3 Jan - Return 3 + 15 H/K  
for 4 review (7 day).*

*15 Jan Work DC for 10 days T O Y  
w/o Dependents  
Returns via Escape.*

COPIES TO 14/07/61 & 15

DISPATCH SYMBOL AND NUMBER

DATE

**FMST 6081**

**21 September 1961**

CLASSIFICATION  
**CONFIDENTIAL**

NO INDEXING REQUIRED

CONFIDENTIAL

## TRAVEL ORDER

24 August 1967

Contract

Mr. Lucien E. Concin LAC Agent

X

INSTITUTIONAL

GRADE

GS-14

OFFICE PHONE

X

EMPLOYEE NO.

750430

5450

TRAVEL ORDER NO.

Amend # 1 to

FD 366-82

TRAVEL ESTIMATION

BEGINNING

01 Aug

1967

ENDING ABOUT

01 Oct

1967

Vietnam

YOU ARE AUTHORIZED TO TRAVEL AND INCUR NECESSARY EXPENSES IN ACCORDANCE WITH REGULATIONS  
THIS TRAVEL OR CHANGE OF OFFICIAL STATION, IF SO DESIGNATED, IS MADE FOR OFFICIAL PURPOSES AND  
NOT FOR YOUR PERSONAL CONVENIENCE.

TRAVELER, MODE, ACCOMMODATION AND PURPOSE

Amendment # 1 to change ITINERARY to read: Saigon, Vietnam to Hong Kong, I.C.C.  
(6 days TTY without per diem) to Washington, D.C. (10 days TTY for  
consultations) to Kansas City (H/L) to Washington, D.C. PCS.

All other provisions of original Travel Order to remain in effect.

MILEAGE ALLOWANCE

AUTOMOBILE ALLOWANCE

CANCELS

CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER

CENTS PER MILE, AS MORE ADVANTAGEOUS TO THE GOVERNMENT BECAUSE OF:

FURNISH

STANDARD

OTHER (SEE FORM)

EXEMPTIONS AND SPECIAL PROVISIONS WITH REASONS

<b>EXEMPTION TRAVEL AUTHORIZED</b> <input type="checkbox"/> COMPANY TRAVELER <input type="checkbox"/> FOLLOW WITHIN 6 MONTHS <input type="checkbox"/> ADVANCE RETURN NAME _____ DATE OF BIRTH _____ RELATIONSHIP _____			<b>PROVIDE TRANSPORTATION BY</b> TRANSPORTATION REQUEST _____ CASH OR OTHER _____ <b>DISPOSITION OF EFFECTS AUTHORIZATION</b> SHIPMENT _____ TEMPORARY STORAGE _____ SHIPMENT FOR AUTHORIZED _____ <b>EXCESS BAGGAGE AUTHORIZED</b> FOREIGN: POUNDS AND MODE _____ ACCOMPANIED _____ UNACCOMPANIED _____ <b>DOMESTIC: INDICATE UNDER "SPECIAL PROVISIONS" ABOVE WHETHER ACCOMPANIED, OR NOT, SIZE OF EACH PIECE, AND TOTAL WEIGHT.</b>		<b>ADVANCE OF FUNDS AUTHORIZED</b> YES _____ NO _____ ACCOUNTING OFFICE _____ <b>CERTIFY FUNDS ARE AVAILABLE</b> ESTIMATED COST OF TRAVEL _____ QUANTITY OF REFERENCE NO. _____ ORIGINATING AGENCY CODE _____ PAN NO. _____ DATE <b>8137-1487</b> SIGNATURE _____	
<b>COORDINATION</b> SIGNATURE _____ TITLE & COMPONENT _____ DATE _____			<b>REQUESTING OFFICIAL</b> TYPED NAME AND TITLE _____ COMPONENT _____ <b>DOUGLAS S. BLAUFARE</b> <b>G/VNO</b> <b>AUTHORIZING OFFICIAL</b> TYPED NAME AND TITLE _____ COMPONENT _____ <b>WILLIAM E. COLBY</b> <b>CPE</b>			

FORM 540

2-64

1-59

PREP. 2-5

E.O. 11652

(12-68)



CONFIDENTIAL

# TRAVEL ORDER

NAME: **Lucien E. Concin** Contract Agent DWS  
 OFFICIAL STATION: **Vietnam** 5459 63-14

YOU ARE AUTHORIZED TO TRAVEL AND INCUR NECESSARY EXPENSES IN ACCORDANCE WITH REGULATIONS THIS TRAVEL OR CHANGE OF OFFICIAL STATION, IF SO DESIGNATED, IS MADE FOR OFFICIAL PURPOSES AND NOT FOR YOUR PERSONAL CONVENIENCE.

ITINERARY, MODE OF TRAVEL AND PURPOSE  
 Authorized: Saigon - Hong Kong (5 days TDY-no per diem) - Washington, D.C. (PCS)  
 Mode : Air  
 Purpose : PCS  
 Subject will proceed directly, without delays from Hong Kong to Washington, D.C.

TRAVEL DURATION: 8/3 to 8/8  
 1 Aug 67 to 1 Oct 67  
 DOMESTIC: \$ 16.00  
 FOREIGN: X

ALLOWANCES AND SPECIAL PROVISIONS WITH REASONS:  
 Shipment of effects authorized from Saigon and Hong Kong.

DEPENDENT TRAVEL AUTHORIZED				TRAVELER'S TRANSPORTATION BY		ESTIMATED COST OF TRAVEL	
NAME	DATE OF BIRTH (DD-MON-YY)	RELATIONSHIP	TRAVELER'S TRANSPORTATION BY	TRAVELER'S TRANSPORTATION BY	ESTIMATED COST OF TRAVEL	ESTIMATED COST OF TRAVEL	
Elvete B.		Wife	X		\$2,500 - Trvl.		
Phillip J.	1960	Son			3,000 - HKE		
Laurent P.	1963	Son					
Caroline R.	1963	Daughter	X				
For Pass - For Pass X From Hong Kong				Arr Hong Kong 16/08/67			
COORDINATION 22 OCT				16/08/67			
SIGNATURE 22 OCT				16/08/67			
COORDINATION 22 OCT				16/08/67			

CONFIDENTIAL

INDEX <input type="checkbox"/> <input type="checkbox"/>		CLASSIFIED MESSAGE	TOTAL COPIES <i>14</i>
CLASSIFIED BY FILE NO.		<b>SECRET</b>	REPRODUCTION PROHIBITED
FULLY <input type="checkbox"/> NOT TO BRANCH <input type="checkbox"/> DESTROY <input type="checkbox"/> YES			
PERSON/UNIT NOTIFIED		1 <i>10-100</i> 2 <i>10-100</i> 3 <i>10-100</i> 4 <i>10-100</i>	
ACTION <i>10-100</i>	<input checked="" type="checkbox"/> RID COPY	ADVANCE COPY <input type="checkbox"/> ISSUED <input type="checkbox"/> SCOTTED <input type="checkbox"/> TUBED	UNIT TIME BY
FILE <i>10-100</i> <i>10-100</i> <i>10-100</i> <i>10-100</i>			

**SECRET** 370900Z CITE HONG KONG 9287

DIRECTOR

MR. LOUIS CONEIN WILL DEPART HONG KONG ON 7 AUGUST 1967 VIA  
 PAN AM FLIGHT #2 AT 17:30, ARRIVING HEADQUARTERS 8 AUGUST 1967

AT 0600

**SECRET**

BT

**SECRET**

7 AUG 67 11 24 798

INDEX <input type="checkbox"/> YES <input type="checkbox"/> NO CLASSIFY TO FILE NO. _____ A REF TO FILE NO. _____ FILE REF <input type="checkbox"/> RET. TO DRAWING <input type="checkbox"/> DRAWING <input type="checkbox"/> REG. _____	CLASSIFIED MESSAGE <b>B</b> TOTAL COPIES <b>19</b> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>SECRET</b>  <small>GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION</small> </div> PERSON/UNIT NOTIFIED _____	REPRODUCTION PROHIBITED <table border="1"> <tr><td>1</td><td><i>0113</i></td><td>5</td><td><i>0113</i></td></tr> <tr><td>2</td><td></td><td>6</td><td><i>0113</i></td></tr> <tr><td>3</td><td><i>1100</i></td><td>7</td><td><i>0113</i></td></tr> <tr><td>4</td><td><i>0113</i></td><td>8</td><td></td></tr> </table>	1	<i>0113</i>	5	<i>0113</i>	2		6	<i>0113</i>	3	<i>1100</i>	7	<i>0113</i>	4	<i>0113</i>	8	
1	<i>0113</i>	5	<i>0113</i>															
2		6	<i>0113</i>															
3	<i>1100</i>	7	<i>0113</i>															
4	<i>0113</i>	8																
ACTION <i>K/3</i> <b>FE 8</b> <input checked="" type="checkbox"/> <b>RID COPY</b>		ADVANCE COPY <input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED <input type="checkbox"/> TUBED																
UNIT _____ TIME _____ BY _____		FILE, <i>1R, CCS 3, CSRS, OP 2, OF 2</i>																

SECRET 270916Z CITE SAIGON 9831

PRIORITY HONG KONG INFO DIRECTOR

MR. LUCIEN CONEIN DEPARTING SAIGON PCS TO HQS

ON 27 JULY. PLEASE ADVANCE FUNDS FOR TRAVEL OF DEPENDENTS

AND SHIPMENT OF EFFECTS TO WASHINGTON, D.C. AND T/A TO

**HQS.**

**S E C R E T**

**SECRET**

124

ANN

27 JUL 1989

~~July 20~~

Keep track of his  
movements while he  
is down as we have  
a date by which.

Hughes

SECRET

15 NOV 1961

MEMORANDUM FOR: Chairman, CSCS

ATTENTION: Agent Panel

SUBJECT: Appointment of Career Agent

1. It is requested that [redacted] be approved for

[redacted]  
to assist the Operating Divisions in emergency situations.

2. [redacted] has, over a long period of time, well demonstrated his operational value to this Agency, and thus is more than amply qualified under the terms of R 20-1000 which defines this category of personnel.

[redacted]  
for  
Parasilitary Group, CA

Attachment:  
PES

CA/PAG/[redacted]  
15 November 1961  
Distribution:

Orig. & 1 - Addressee  
1 - CA/SG/PERS  
1 - CA/C/PAG  
2 - CA/ENG  
1 - Chrono

**SECRET**

**MEMORANDUM FOR:** Clandestine Services Personnel Division

**ATTENTION :** Agent Panel

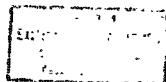
**SUBJECT :** Deletion of [redacted] from  
Project [redacted]

1. [redacted] has been employed as a Career Agent in Project [redacted] since 16 October 1961. During that period he was assigned to the Saigon Station as a Staff Advisor on Paramilitary matters to the Chief of Station.

[redacted]

3. In view of the foregoing, it is requested that the name of [redacted] be removed from the Project [redacted] personnel assets.

[redacted]  
Major General, USA  
Chief, Special Operations Division

**SECRET**

SECRET

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME OF EMPLOYEE (true)

Lucien C. Consin

DATE (from item 3-2)

June 1963

NAME OF SUPERVISOR (true)

John H. Richardson

DATE (from item 3-2)

June 1963

NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS  
AUTHORIZED TO AUTHENTICATE SIGNATURES AND  
VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:

DATE

## TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH

2. GRADE

3. CURRENT POSITION TITLE AND GRADE

7a. DATE OF PCS ARRIVAL IN  
FIELD ON THIS TOUR

29 Nov 19

GS-13

C/PM GS-13

3 January 1963

4. SERVICE DESIGNATION (if known)

5. CURRENT STATION OR FIELD BASE

7b. EXPECTED DATE OF DEPARTURE  
FROM FIELD

Saigon, Vietnam

3 January 1964

6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR

7c. EXPECTED DATE OF ARRIVAL  
AT HEADQUARTERS PCS

None

30 January 1964

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on transmittal form):

Staff advisor in paramilitary matters to the Chief of Station. Station liaison officer to GVN Ministry of Interior, Hqs US Special Forces and Army of Vietnam Corps Commanders.

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

Would prefer to have an operational assignment.

9. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

SECRET

<p><b>D. PREFERENCE FOR NEXT ASSIGNMENT (CONTINUED)</b></p> <p><b>C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE SPACES BELOW:</b></p> <p><input checked="" type="checkbox"/> <b>1. RETURN TO MY CURRENT STATION</b></p> <p><input type="checkbox"/> <b>2. BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:</b></p> <p>1ST. CHOICE _____ 2ND. CHOICE _____ 3RD. CHOICE _____</p> <p><input checked="" type="checkbox"/> <b>3. BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:</b></p> <p>1ST. CHOICE <b>NE</b> 2ND. CHOICE <b>N. Africa</b> 3RD. CHOICE <b>VI</b></p>	
<p><b>10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?</b></p> <p>INDICATE NUMBER OF WORK DAYS <b>30</b></p>	
<p><b>11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:</b></p> <p><b>Wife - 34</b>  <b>Son - 5</b>  <b>Son - 3 1/2</b></p>	
<p><b>11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT</b></p> <p><b>Child due 1 July</b></p>	
<p><b>12. SIGNATURE: COMPLETE ITEM NO. 3-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.</b></p> <p><b>TO BE COMPLETED BY SUPERVISOR AT FIELD STATION</b></p>	
<p><b>13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:</b></p> <p><b>I strongly endorse Subject's request for return on another tour to the Saigon Station.</b></p>	
<p><b>14. SIGNATURE: COMPLETE ITEM NO. 3-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.</b></p> <p><b>TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS.</b></p>	
<p><b>15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPANY TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING</b></p>	
<p><b>16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER</b></p> <p>DATE _____</p>	<p><b>SIGNATURE</b></p> <p>_____</p>
<p><b>FOR USE OF CAREER SERVICE</b></p>	
<p><b>17. EMPLOYEE <input checked="" type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED</b></p> <p><b>REASSIGNMENT H/C # New Tour</b></p>	<p><b>18. REFERENCE</b></p> <p>DISPATCH NO. <b>FISS 364</b> CABLE NO. _____</p>
<p><b>19. TYPED OR PRINTED NAME</b></p> <p>_____</p>	<p><b>20. SIGNATURE</b></p> <p>_____</p>
<p><b>21. TITLE</b></p> <p><b>FR/PT/SE</b></p>	<p><b>22. DATE</b></p> <p>_____</p>
<p><b>23. COMMENTS</b></p> <p><b>CAC Approved by William E Coffey 12 Sept 1963</b>  <b>Concurred by H. Dugan SOD p/tes 11 Sept 1963</b></p>	

SECRET

☐ UNCLASSIFIED☐ INTERNAL  
ONLY☐ CONFIDENTIAL☐ SECRET

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FITNESS REPORT- LUCIEN S. CONEIN- CAREER AGENT- 2RJEWEL

FROM:

SOD/Plans/

EXTENSION

NO

DATE

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S  
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. SOD/Pers.

2. D/C SOD Mr. Jorgenson

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

1-2: Fitness Report and  
comments forwarded FYI.FE Division advises that they  
will take no action re a promotion  
unless the field comes in with  
a specific recommendation by  
dispatch.

to: Mr. Pot

Concur with promotion  
to GS 14. Also with  
recommendation that FE  
leave and promotion  
alone. Please ask for  
Mr. Hammer to check out  
the best results with  
MVD & just do recall  
of that consultationRCJ  
20 Dec 63FORM  
1-62

610

USE PREVIOUS  
EDITIONS☒ SECRET☐ CONFIDENTIAL☐ INTERNAL  
USE ONLY☐ UNCLASSIFIED



SECRET

19 March 1963

MEMORANDUM FOR: SOD/Personnel

SUBJECT:

Promotion - [REDACTED]

REFERENCE:

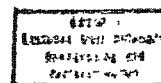
Fitness Report dated 25 Feb. 1963

1. [REDACTED]

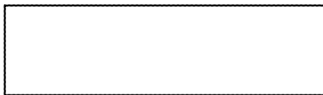
2. [REDACTED]

[REDACTED]  
SOD/Plans

SECRET



18 March 1963



1.

2.



MEMORANDUM FOR: Chief, FE/VCL

SUBJECT : Recommendation for Promotion of  
to GS-14 Equivalent

REFERENCE : Fitness Report for Subject dated 25 February 1963

1. In reference Fitness Report, the Deputy Chief of Station and the Chief of Station, Saigon, recommend the promotion of ~~Subject~~ to the next higher GS equivalent. I concur in this recommendation.

2.

3.

GORDON L. JORDAN  
Acting Chief  
Special Operations Division

Att:  
Reference Fitness Report

SOD/FEIS/OLJ/RDI:nhh

Distribution:

- Orig & 1 - Add'l/att.
- 1 - AC/SOD/w/o/att.
- 1 - SOD/FEIS/w/o/att.
- 1 - RI/SOD/w/o/att. - dmsy

TT/8-564/DIR/ DISPATCH FOLLOWS  
VIA TELETAPE

<b>DISPATCH</b>		CLASSIFICATION		PROCESSING	
		SECRET		PRO POSED	ACTION
TO		CHIEF, FAR EAST DIVISION		MARKED FOR INDEXING	
INFO				NO INDEXING REQUIRED	
FROM		CHIEF OF STATION, SAIGON		ONLY QUALIFIED HEADQUARTERS DESK CAN JUDGE INDEXING	
SUBJ		[ ] FITNESS REPORT ON [ ]		ABSTRACT	
				MICROFILM	
ACTION REQUIRED REFERENCES FVSS-2216					
<p>1. A FORMAL FITNESS REPORT ON [ ] WILL BE DISPATCHED SHORTLY. AD INTERIM, THOSE QUESTIONS RAISED IN REFERENCE ARE ANSWERED BELOW.</p> <p>2. [ ] [ ]</p> <p>[ ]</p> <p>3. [ ] [ ]</p> <p>[ ]</p> <p>4. [ ] [ ]</p> <p>[ ]</p>					
DISTRIBUTION BY TELETAPE 2-CFE BY POUCH 1-CFE		/CONTINUED/			
CROSS REFERENCE TO		DATE TYPED TOT/ 20 /AUG 62/0500		DATE DISPATCHED TOR-20 AUG 1965	
CLASSIFICATION		DISPATCH SYMBOLS AND NUMBER		FVST-3304	
SECRET		HEALTHY/ALOTEST FILE NUMBER			

CONTINUATION OF  
DISPATCH

CLASSIFICATION  
S E C R E T

DISPATCH SYMBOL AND NUMBER  
FVST-3044 PAGE-2

5.

STEPHEN P. SHORDEN

FORM 53a

USE PREVIOUS EDITION

CLASSIFICATION



EXTENSION

FORM 53b

14-00000  
S-E-C-R-E-T  
(When Filled In)

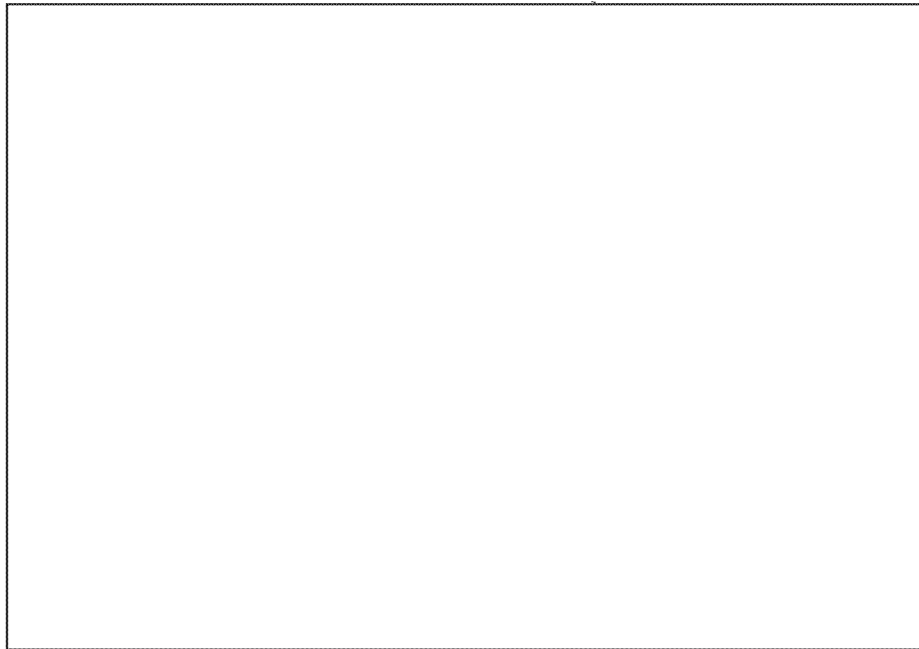
12 OCT 1961

MEMORANDUM FOR: Chief, CA/PMG

ATTENTION :

FROM : Deputy Director of Security (Investi-  
gations and Operational Support)

SUBJECT : COMEIN, Lucien  
#5025



FOR THE DIRECTOR OF SECURITY:



S-E-C-R-E-T  
(When Filled In)

14-00000

S-E-C-R-E-T  
(When Filled In)

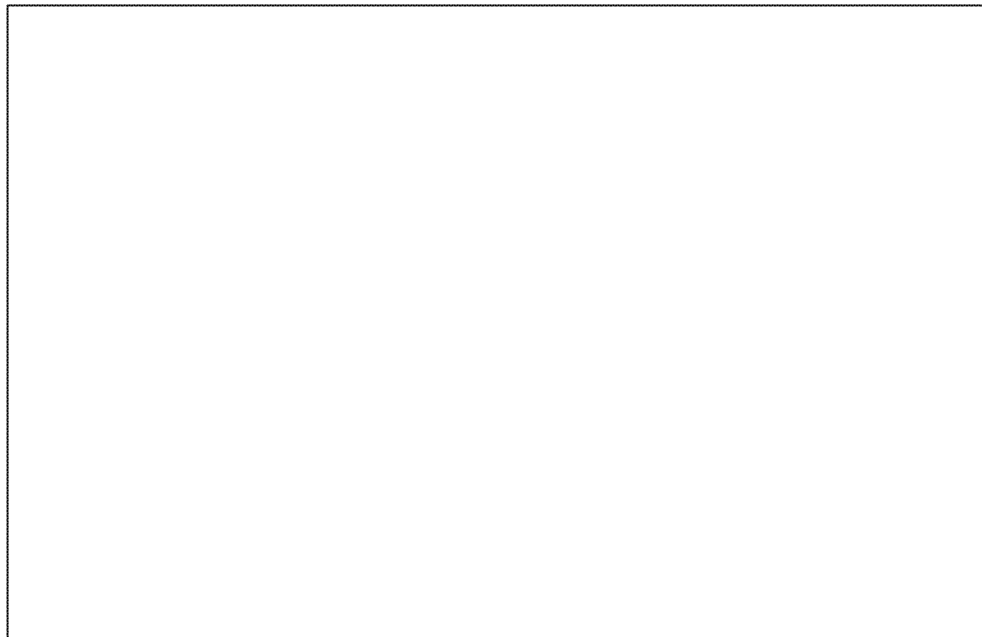
28 SEP 1961

MEMORANDUM FOR: Chief, CA/PMO

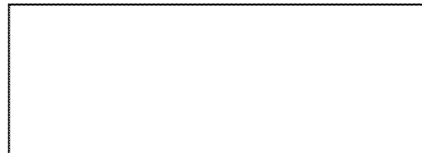
ATTENTION:

FROM : Deputy Director of Security (Investi-  
gations and Support)

SUBJECT : CONEIN, Lucien  
#5025



FOR THE DIRECTOR OF SECURITY:



S-E-C-R-E-T  
(When Filled In)

SECRET  
(EVEN WHEN BLANK)

NºSD 39264 A

DATE

I DO HEREBY DECLARE THAT MY TRUE AND LEGAL SIGNATURE IS:

(SIGNATURE) Lucien E. Conein

Lucien E. Conein  
(NAME, PRINTED OR TYPED)

RIGHT THUMB PRINT



WITNESS:

SECRET

SECRET  
(EVEN WHEN BLANK)

NºSD 39264 B

DATE

I DO HEREBY ACKNOWLEDGE THAT IN MY RELATIONS WITH THE  
UNITED STATES GOVERNMENT, I WILL USE THE FOLLOWING SIG-  
NATURE WHERE REQUIRED:


WITNESS:

SECRET



**SECRET**

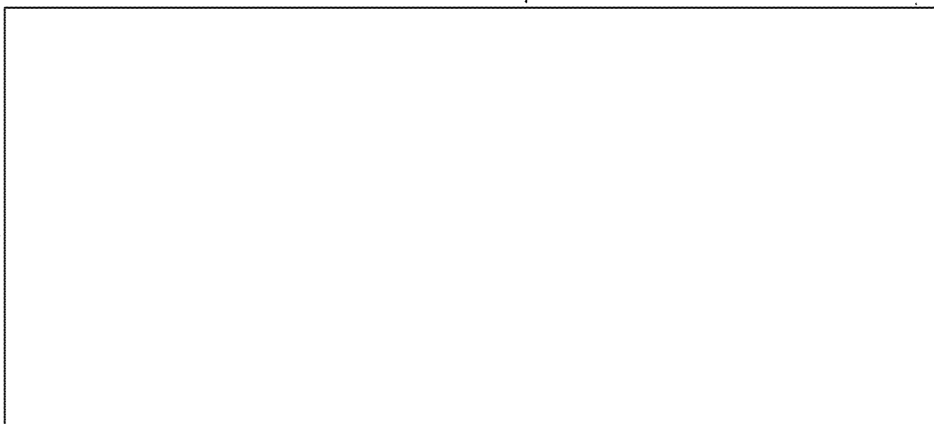
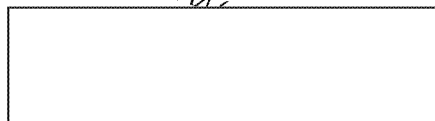
<b>REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION</b> <small>(Always handcarry 1 copy of this form)</small>		DATE <b>21 September 1961</b>	
TO:	CI/Operational Approval and Support Division	FROM: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	<input checked="" type="checkbox"/> Security Support Division/Office of Security		
SUBJECT: (True name) <b>CONLIE, Lou</b>		PROJECT <b>ERJEWEL</b>	
CRYPTONYM, PSEUDONYM, AKA OR ALIASES <div style="border: 1px solid black; width: 150px; height: 40px; display: flex; align-items: center; justify-content: center;">being cancelled if it is done) being cancelled as are</div>		CI/OA FILE NO.	
		SI 201 FILE NO.	
		SO FILE NO.	
<b>TYPE ACTION REQUESTED</b>			
<input type="checkbox"/> PROVISIONAL OPERATIONAL APPROVAL		<input type="checkbox"/> PROVISIONAL PROPRIETARY APPROVAL	
<input type="checkbox"/> OPERATIONAL APPROVAL		<input type="checkbox"/> PROPRIETARY APPROVAL	
<input checked="" type="checkbox"/> PROVISIONAL COVERT SECURITY APPROVAL		<input type="checkbox"/> COVERT NAME CHECK	
<input checked="" type="checkbox"/> COVERT SECURITY APPROVAL		<input type="checkbox"/> SPECIAL INQUIRY (SO field investigation)	
<input type="checkbox"/> COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS			
<b>USE OF INDIVIDUAL OR ACTION REQUESTED</b>			
SPECIFIC AREA OF USE <b>In any area in which is needed</b>			
FULL DETAILS OF USE  <b>To provide Paramilitary Skills in any area they are needed.</b>			
<b>INVESTIGATIVE COVER</b>			
IS OR WILL SUBJECT BE AWARE OF U.S. GOVERNMENT INTEREST IN HIM?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
IS OR WILL SUBJECT BE AWARE OF CIA INTEREST IN HIM?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
INDICATE SPECIAL LIMITATIONS OR COVERAGE DESIRED IN THE SECURITY OFFICE INVESTIGATION  <b>Normal Procedure; Priority on PCGA and CBA per conversation with CA, SO/PERS</b>			
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY			
<b>PRO AND GREEN LIST STATUS</b>			
<input type="checkbox"/> PRO I, OR EQUIVALENT, IN (2) COPIES ATTACHED		<input type="checkbox"/> PRO II WILL BE FORWARDED	
<input type="checkbox"/> PRO II, OR EQUIVALENT, IN (1) COPY ATTACHED		<input type="checkbox"/> GREEN LIST ATTACHED, NO:	
<b>FIELD TRACES</b>			
<input type="checkbox"/> NO RECORD		<input checked="" type="checkbox"/> NO INFORMATION OF VALUE	
<input type="checkbox"/> DEROGATORY INFORMATION ATTACHED, WITH EVALUATION		<input type="checkbox"/> NOT INITIATED (Explanation)	
<input type="checkbox"/> WILL BE FORWARDED			
<b>SI TRACES (Derogatory Information and Evaluation Attached)</b>			
<input type="checkbox"/> NO RECORD		<input checked="" type="checkbox"/> NON-DEROGATORY	
<input type="checkbox"/> RECORD		<input type="checkbox"/> DEROGATORY	
<b>DIVISION TRACES (Derogatory Information and Evaluation Attached)</b>			
<input type="checkbox"/> NO RECORD		<input checked="" type="checkbox"/> NON-DEROGATORY	
<input type="checkbox"/> RECORD		<input type="checkbox"/> DEROGATORY	
SIGNATURE OF CASE OFFICER <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		EXTENSION SIGNATURE OF BRANCH CHIEF <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	

~~SECRET~~

8 March 1961

MEMORANDUM FOR: Chief, FE Division

SUBJECT: Employment of Lou Conein

*AL*

cc: C/FE/VCL

SECRET

DO NOT USE THIS SPACE		PERSONAL HISTORY STATEMENT		THIS DATE (Fill In)	
ISSUED BY				25 September 1961	
INSTRUCTIONS					
<p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p>					
SECTION I GENERAL PERSONAL AND PHYSICAL DATA					
1. FULL NAME (Last-First-Middle)		2. AGE		3. SEX	
CONFIN, Lucien Emile		41 yrs		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4. HEIGHT	5. WEIGHT	6. COLOR OF EYES	7. COLOR OF HAIR	8. TYPE COMPLEXION	9. TYPE BUILD
5' 11"	175 lbs	Blue	Brown	Fair	
10. SCARS (Type and Location)					
Appendectomy, hernia, etc. side of body					
11. OTHER DISTINGUISHING PHYSICAL FEATURES					
None					
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)			13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO.		
5011 Hanes Street McLean, Virginia Arlwood 6-4811			1905 North 10th Street Kansas City, Kansas		
14. CURRENT PHONE NO.		15. OFFICE PHONE NO. & EXT.		16. LEGAL RESIDENCE (State, Territory or Country)	
Arlwood 6-4811		Oxford 57742		Kansas	
17. NICKNAMES			18. OTHER NAMES YOU HAVE USED		
Lucy!					
19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.					
NA					
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority)					
NA					
SECTION II POSITION DATA					
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING					
Position commensurate with past training and experience					
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary).			3. DATE AVAILABLE FOR EMPLOYMENT		
\$ 11,500.00 P.Y.C.			1 October 1961		
4. INDICATE YOUR WILLINGNESS TO TRAVEL					
<input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER:					
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)					
WASHINGTON, D.C.		ANYWHERE IN U.S.		CERTAIN LOCATIONS ONLY (Specify)	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.					
NONE					

SECTION III		CITIZENSHIP					
1. DATE OF BIRTH 22 May 1919		2. PLACE OF BIRTH (City, State, Country)					
3. PRESENT CITIZENSHIP (Country) U.S.		4. CITIZENSHIP ACQUIRED BY BIRTH					
5. DATE NATURALIZED 11 Aug 1925		6. NATURALIZATION CERTIFICATE NO. 121500					
7. COURT ISSUING NATURALIZATION CERTIFICATE District Court		8. ISSUED AT (City, State, Country)					
9. HAVE YOU HELD PREVIOUS NATIONALITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. IF YES, GIVE NAME OF COUNTRY France, (see above)					
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.  Born France 1919, emigrated U.S. 1925							
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		13. GIVE PARTICULARS					
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.) N/A							
15. DATE OF ARRIVAL IN U.S. Sept 1925		16. PORT OF ENTRY New York City, New York					
17. ON PASSPORT OF WHAT COUNTRY France		18. LAST U.S. VISA (No., Type, Place of Issue) Unknown					
19. DATE VISA ISSUED Unknown							
SECTION IV		EDUCATION					
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE		<input checked="" type="checkbox"/> OVER TWO YEARS OF COLLEGE NO DEGREE					
<input type="checkbox"/> HIGH SCHOOL GRADUATE		<input type="checkbox"/> BACHELOR'S DEGREE					
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE		<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE					
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS		<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE					
2. ELEMENTARY SCHOOL							
1. NAME OF ELEMENTARY SCHOOL St. Mary's		2. ADDRESS (City, State, Country) New York City, New York					
3. DATES ATTENDED (From and To) 1924 - 1925		4. GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
3. HIGH SCHOOL							
1. NAME OF HIGH SCHOOL Marydella HS		2. ADDRESS (City, State, Country) New York City, New York					
3. DATES ATTENDED (From and To) 1925 - 1926		4. GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
1. NAME OF HIGH SCHOOL		2. ADDRESS (City, State, Country)					
3. DATES ATTENDED (From and To)		4. GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
4. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM. OR HOURS (Specify)
	MAJOR	MINOR	FROM	TO			
University of Maryland	Phil		1926	1927			60

SECTION IV CONTINUED TO PAGE 1

## SECTION IV CONTINUED FROM PAGE 1

5. IF A GRADUATE DEGREE HAS BEEN NOTED IN ITEM 4 WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

NA

## 6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
NA				

## 7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDONANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
OSS, TIS, Ft. Benning, Ga.	OSS	Mar 1943	July 1943	4
Special Warfare Ft. Bragg	Special Forces	Nov 1956	Dec 1956	1

## 8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

OSS and Agency Schools

## SECTION V

## FOREIGN LANGUAGE ABILITIES

1. LANGUAGE <small>(List below each language in which you have attained a degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X) in the appropriate box(es).)</small>	2. COMPETENCE - IN ORDER LISTED <small>(Read, Write, Speak)</small>												3. HOW ACQUIRED					
	4. READ			5. WRITE			6. SPEAK			7. KNOW			8. NATIVE <small>(Mother tongue)</small>	9. LONGER <small>(with proficiency)</small>	10. CONTACT <small>(with proficiency)</small>	11. ACADEMIC <small>(with proficiency)</small>		
	12	13	14	15	16	17	18	19	20	21	22	23						
French																		

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, FINANCIAL, AND OTHER SPECIALIZED AREAS.

None

5. IF YOU HAVE NOTED A PROFICIENCY IN A LANGUAGE WOULD YOU BE WILLING TO USE THIS ACTIVITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?

YES

NO

SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.							
Military Assignments							
3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED.							
SP 207111 27 July 1959 exp 27 July 1963							
SECTION VII TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (wpm)	2. SHORTHAND (wpm)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM					
NA	NA	GREGG	SPEEDWRITING	STENO TYPE	OTHER (Specify):		
2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.).							
NA							
SECTION VIII SPECIAL QUALIFICATIONS							
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.							
Hunting - Good							
Fishing - Good							
Free Fall Parachuting - Good							
2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK							
OSS and Agency trained Special Forces Battalion Commander 3 yrs Chief Military Liaison Group, ACUI Intel (FI) team Tahaanun Irunn							
3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORT WAVE RADIO (Indicate CW speed, sending and receiving), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.							
None							

SECTION VII CONTINUED TO PAGE 3

SECTION VIII CONTINUED FROM PAGE 4	
4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE (Provide License Registry Number, if known).	
6. FIRST LICENSE OR CERTIFICATE (Year of Issue)	7. LATEST LICENSE OR CERTIFICATE (Year of Issue)
8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Fiction or Scientific articles, General Interest subjects, Novels, Short Stories, Etc.).	
9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.	
10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.	
11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.	
<b>SECTION IX EMPLOYMENT HISTORY</b> NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for past 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing item 2, "Description of Duties" consider your experience carefully and provide meaningful, objective statements.	
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) <u>U.S. Army Sept 1961 to present</u>	2. NAME OF EMPLOYING FIRM OR AGENCY <u>U.S. Army</u>
3. ADDRESS (No., Street, City, State, Country) <u>Washington 25, D.C.</u>	
4. KIND OF BUSINESS <u>Military</u>	5. NAME OF SUPERVISOR <u>Major General H. H. ...</u>
6. TITLE OF JOB <u>1st Colonel</u>	7. SALARY OR EARNINGS <u>\$10,000 per year</u>
8. CLASS. GRADE (If Federal Service) <u>1st Col.</u>	
9. DESCRIPTION OF DUTIES <u>U. S. Army Officer assigned to be Assistant Chief of Staff for Intelligence</u>	
10. REASONS FOR LEAVING <u>Retiring after 24 yrs 4 mos 14 days service</u>	
SECTION IX CONTINUED TO PAGE 5	

SECTION X										MILITARY SERVICE														
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)?										YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		2. SELECTIVE SERVICE CLASSIFICATION NA				3. SELECTIVE SERVICE NO.								
4. IF DEFERRED, GIVE REASON USAR Ret Reserves										5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS NA														
2. MILITARY SERVICE RECORD																								
1. CURRENT AND OR PAST ORGANIZATIONAL MEMBERSHIP																								
CHECK (X) AS APPROPRIATE		ARMY		NAVY		MARINE CORPS		AIR FORCE		COAST GUARD		MERCHANT MARINE		NATIONAL GUARD		AIR NAT'L GUARD		FOREIGN ORGAN. OR MIL. SERVICE (Specify):						
HAVE SERVED →																								
NOW SERVING →		<input checked="" type="checkbox"/>																						
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S) Parachute Infantry																								
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service) NA										4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past and current service) over 20 years														
5. DATE ENTERED ACTIVE DUTY → 22 Sept 1941					PAST SERVICE 22 Sept 1941					CURRENT SERVICE NA					6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION 18 mos									
7. RANK, GRADE OR RATE → pvt					PAST SERVICE pvt					CURRENT SERVICE Lt. Col					8. SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number) 01-32276									
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE 71542										CURRENT SERVICE 31542														
10. SECONDARY MIL OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE 93000										CURRENT SERVICE 39300														
11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)  Chief of Military Liaison Group, ARMISH/MAAG, APO 205 NY, NY																								
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY																								
<input type="checkbox"/> HONORABLE DISCHARGE					<input type="checkbox"/> RETIREMENT FOR SERVICE					<input type="checkbox"/> UNDUE HARDSHIPS														
<input type="checkbox"/> RELEASE TO INACTIVE DUTY					<input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY					<input type="checkbox"/> OTHER: NA														
<input type="checkbox"/> RETIREMENT FOR AGE					<input type="checkbox"/> RETIREMENT FOR PHYSICAL DISABILITY																			
13. CHECK (X) COMPONENT IN WHICH YOU SERVED																								
<input checked="" type="checkbox"/> REGULAR					<input checked="" type="checkbox"/> RESERVE (Including the National and Air National Guard)					<input checked="" type="checkbox"/> OTHER (Including AUS) AUS														
3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS																								
1. DO YOU NOW HAVE RESERVE STATUS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					2. ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					3. ARE YOU NOW A MEMBER OF THE ROTC? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO														
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW																								
<input checked="" type="checkbox"/> ARMY		<input type="checkbox"/> MARINE CORPS		<input type="checkbox"/> NATIONAL GUARD		<input type="checkbox"/> COAST GUARD		<input type="checkbox"/> NAVY ROTC		INDICATE ROTC CATEGORY NUMBER														
<input type="checkbox"/> NAVY		<input type="checkbox"/> AIR FORCE		<input type="checkbox"/> AIR NAT'L GUARD		<input type="checkbox"/> ARMY ROTC		<input type="checkbox"/> AIR FORCE ROTC																
5. CURRENT RANK, GRADE OR RATE Lt Col					6. DATE OF APPOINTMENT IN CURRENT RANK 8 July 1958					7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION 1 Oct 1961														
8. CHECK (X) CURRENT RESERVE CATEGORY READY RESERVE										STANDBY/Active					STANDBY/Inactive					<input checked="" type="checkbox"/> RETIRED				
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE NA										10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE NA														
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES  NA																								
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L GUARD OR ROTC TRAINING UNIT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS NA														
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS NA														
16. INDICATE TOTAL MILITARY SERVICE YEARS FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY 24										17. WHERE ARE YOUR SERVICE RECORDS KEPT? ACSI														



SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <span style="float: right;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span>			
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME			
Not Applicable			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION	ADDRESS (City, State, Country)		
The Riggs Nat'l Bank, Lincoln Br.	17 & H Street, N.W. Washington, D.C.		
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>			
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)			
NA			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME	ADDRESS (No., Street, City, State)		
S.W. Rice Co.	1342 G. St. N.W., Washington, D.C.		
The First City Bank & Trust	Fort Bragg, North Carolina		
The Guaranty State Bank	1000 Minn Ave., Kansas City, Kansas		
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>			
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
NA			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <span style="float: right;">(If answer "YES", furnish details on separate sheet.)</span>			
SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY: <span style="float: right;">MARRIED</span>			
2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS			
Divorced from Nonique Pierre Weber, 23 December 1947, Paris, France. Divorce by mutual agreement. Divorced from Carmen O., 26 Mar 1957, Wyandotte County, Kansas			
WIFE, HUSBAND OR FIANCE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiance			
3. NAME	(First)	(Middle)	(Last)
Elyette	BROCHOT	BROCHOT	CONEIN
4. STATE ANY OTHER NAMES EVER USED		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH ANY OF THESE NAMES WERE USED. IF LEGAL CHANGE GIVE PARTICULARS (where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION.	
NA			
5. DATE OF MARRIAGE	6. PLACE OF MARRIAGE (City, State, Country)		
30 March 1956	Dillon, South Carolina		
7. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)			
7 rue Docteur Charcot, Champsigny sur Marne, Seine, France			
8. LIVING	9. DATE OF DEATH	10. CAUSE OF DEATH	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NA	NA	
11. CURRENT ADDRESS (Give last address, if deceased)			
5011 Hanes Street, McLean, Virginia			
12. DATE OF BIRTH	13. PLACE OF BIRTH (City, State, Country)	14. CITIZENSHIP	
4 Sept 1929	Vinh Vietnam	USA	
SECTION XII CONTINUED TO PAGE 10			

SECTION XII CONTINUED FROM PAGE 9				
16. IF BORN OUTSIDE U.S. DATE OF ENTRY 23 December 1936		18. PLACE OF ENTRY New York City, New York		
19. FORMER CITIZENSHIP(S) (Country/ies) French		17. DATE U.S. CITIZENSHIP ACQUIRED 14 July 1959		
19. OCCUPATION Housewife		18. WHERE ACQUIRED (City, State, Country) U.S. Dist. Court for Dist of Col.		
20. PRESENT EMPLOYER (also give former employer, or if spouse deceased or under NONE give last two employers) NONE				
21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) NA				
22. DATES OF MILITARY SERVICE (From and to - If No. and Yr.) NA				
23. BRANCH OF SERVICE NA		24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED NA		
25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN NA				
SECTION XIII CHILDREN AND OTHER DEPENDENTS				
1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
Charles M. Consin	son	30 March '50 Frankfurt	USA	4854 Kenmore
Laurent P. Consin	son	19 April '58 Fayetteville N.C.	USA	Alexandria, Va 5011 Jones St.
Philippe J. Consin	son	16 Nov '59 Teheran Iran	USA	McLean, Virginia
2. NUMBER OF CHILDREN (including step-children and adopted children) WHO ARE UNMARRIED UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING.		3	3. NUMBER OF OTHER DEPENDENTS (including spouse, parents, step-parents, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS. OF AGE WHO ARE NOT SELF-SUPPORTING.	
			0	
SECTION XIV FATHER (Give same information as Section I, Stepfather and stepmother on separate sheet)				
1. NAME, Maiden Name Edwin, Lucien Latier		2. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	3. DATE OF DEATH 1924	4. CAUSE OF DEATH heart attack
5. STATE OTHER NAMES HE HAS USED None		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 18 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT ADDRESS (Give last address, if deceased (No., Street, City, State, Country) NA				
7. DATE OF BIRTH 10 March 1872	8. PLACE OF BIRTH (City, State, Country) Naux, Seine et Marne, France		9. CITIZENSHIP French	
10. IF BORN OUTSIDE U.S. DATE OF ENTRY NA		11. PLACE OF ENTRY NA		
12. FORMER CITIZENSHIP(S) (Country/ies) NA		13. DATE U.S. CITIZENSHIP ACQUIRED NA		14. WHERE ACQUIRED (City, State, Country) NA
15. OCCUPATION NA		16. PRESENT EMPLOYER (Give last employer, if Father is deceased or unemployed) NA		
17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED NA				
18. DATES OF MILITARY SERVICE (From and to - If No. and Yr.) 1914 - 1918		19. BRANCH OF SERVICE UNK		20. COUNTRY France
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN NA				

SECTION XV MOTHER (Give name information for Stepmother on separate sheet)			
1. FULL NAME (Last-First-Middle) <b>Estelle Leontine Cousin</b>		2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. DATE OF DEATH <b>NA</b>
5. STATE OTHER NAMES SHE HAS USED <b>Estelle Leontine Elin (maiden)</b>		4. CAUSE OF DEATH <b>NA</b>	
6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country) <b>150 Monterey Street, Brisbane, California</b>			
7. DATE OF BIRTH <b>6 June 1897</b>	8. PLACE OF BIRTH (City, State, Country) <b>Soerabai, Dutch East Indies</b>	9. CITIZENSHIP <b>U.S.</b>	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>22 May 1948</b>		11. PLACE OF ENTRY <b>New York City, New York</b>	
12. FORMER CITIZENSHIP(S) (Country/ies) <b>French</b>	13. DATE U.S. CITIZENSHIP ACQUIRED <b>10 November 1959</b>	14. WHERE ACQUIRED (City, State, Country) <b>Dist. Court, San Francisco, Cal.</b>	
15. OCCUPATION <b>None</b>		16. PRESENT EMPLOYER (Give last employer, if Mother is deceased or unemployed) <b>NA</b>	
17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED <b>NA</b>			
18. DATES OF MILITARY SERVICE (From-and-To) <b>NA</b>		19. BRANCH OF SERVICE <b>NA</b>	20. COUNTRY <b>NA</b>
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN <b>NA</b>			
SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)			
1. FULL NAME (Last-First-Middle) <b>Cousin, Maurice Rene</b>		2. RELATIONSHIP <b>Brother</b>	3. CITIZENSHIP (Country) <b>French</b>
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) <b>Unknown Charente sur Mer, Seine, France</b>		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE <b>30</b>
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE

SECTION XVII		FATHER-IN-LAW	
1. FULL NAME (Last-First-Middle) <b>John James Jones BROCHOT</b>		2. LIVING <b>X</b> YES <b>NO</b>	3. DATE OF DEATH
4. CAUSE OF DEATH		5. STATE OTHER NAMES HE HAS USED <b>Unknown</b>	
INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION.			
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) <b>Noumea, New Caledonia</b>			
7. DATE OF BIRTH <b>Unknown</b>	8. PLACE OF BIRTH (City, State, Country) <b>Noumea, New Caledonia</b>	9. CITIZENSHIP <b>French</b>	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>NA</b>		11. PLACE OF ENTRY <b>NA</b>	
12. FORMER CITIZENSHIP(S) (Country(ies)) <b>NA</b>	13. DATE U.S. CITIZENSHIP ACQUIRED <b>NA</b>	14. WHERE ACQUIRED (City, State, Country) <b>NA</b>	
15. OCCUPATION <b>self employed</b>	16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed) <b>self employed</b>		
SECTION XVIII		MOTHER-IN-LAW	
1. FULL NAME (Last-First-Middle) <b>Marie Brochot</b>		2. LIVING <b>X</b> YES <b>NO</b>	3. DATE OF DEATH <b>1947</b>
4. CAUSE OF DEATH <b>Cancer</b>		5. STATE OTHER NAMES SHE HAS USED <b>NA</b>	
INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 10 OF THIS FORM TO RECORD THIS INFORMATION.			
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) <b>NA</b>			
7. DATE OF BIRTH <b>NA</b>	8. PLACE OF BIRTH (City, State, Country) <b>NA</b>	9. CITIZENSHIP <b>French</b>	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <b>NA</b>		11. PLACE OF ENTRY <b>NA</b>	
12. FORMER CITIZENSHIP(S) (Country(ies)) <b>NA</b>	13. DATE U.S. CITIZENSHIP ACQUIRED <b>NA</b>	14. WHERE ACQUIRED (City, State, Country) <b>NA</b>	
15. OCCUPATION <b>NA</b>	16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed) <b>NA</b>		
SECTION XIX			
RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT			
1. FULL NAME (Last-First-Middle) <b>CONTEIN, Maurice Rene</b>		2. RELATIONSHIP <b>Brother</b>	3. AGE <b>39</b>
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <b>Chamberlain, New York, Solon, France</b>		5. EMPLOYED BY <b>Unknown</b>	
6. CITIZENSHIP (Country) <b>French</b>	7. FREQUENCY OF CONTACT <b>Seldom</b>	8. DATE OF LAST CONTACT <b>16 Sept 1962</b>	
1. FULL NAME (Last-First-Middle) <b>BROCHOT, John James Jones</b>		2. RELATIONSHIP <b>Father-in-law</b>	3. AGE <b>Unk</b>
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <b>Noumea, New Caledonia</b>		5. EMPLOYED BY <b>Self employed</b>	
6. CITIZENSHIP (Country) <b>French</b>	7. FREQUENCY OF CONTACT <b>Have never seen</b>	8. DATE OF LAST CONTACT <b>never contacted</b>	
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY	
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. EMPLOYED BY	
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

## SECTION XIX CONTINUED FROM PAGE 12

6. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIX ABOVE

## SECTION XX

## RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES

1. NAME (Last-First-Middle) <b>MA</b>	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		

## SECTION XXI

## REFERENCES, ACQUAINTANCES, AND NEIGHBORS

1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S. WHO KNOW YOU INTIMATELY

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
B/Ocn Edw. G. Lansdale	Of Asst Sec Def.	4503 MacArthur Blvd Washington, D.C.
Hon. Errett P. Scrivner	Congress	2331 Cathedral Av. N.W. Washington, D.C.

2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY, NOT RELATIVES, SUPERVISORS, OR EMPLOYERS

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)

3. LIST THREE NEIGHBORS OF YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)

## CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

[illegible]

## RESIDENCES FOR THE PAST 15 YEARS

EXCLUSIVE DATE

[illegible]

SECTION XXIV		ADDITIONAL INFORMATION	
1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED, OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU EVER SUPPORTED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE, VIOLENCE OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?			YES  NO
2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN			
3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?		X YES NO	4. IF SO, TO WHAT EXTENT?
5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS?		X YES NO	6. IF SO, TO WHAT EXTENT?
7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?			X YES <input type="checkbox"/> NO
IF ANSWER IS "YES", GIVE COMPLETE DETAILS.			
<b>Military Liaison to J-2 SC3, Imp Iranian Army 1959 to 1961</b>			
8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940			
<b>U.S. Army</b>			
9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>CSS 1943</b>  <b>SSU 1946</b>  <b>OW 1947</b>  <b>CIA 1948-49</b> </div> <div style="width: 45%;"> <b>U.S. Army 1956-57</b>  <b>ACSI D of A 1959</b> </div> </div>			
NOTE SPECIAL INSTRUCTIONS: If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.			
10. HAVE YOU, OR TO YOUR KNOWLEDGE HAD YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION IN THE UNITED STATES OR ABROAD?			YES  NO
IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTIONS ABOVE.			X NO
11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.			YES  NO
12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBJECT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.			YES  NO
X NO			
SECTION XXV		PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
1. NAME (First-Middle-Last)		2. RELATIONSHIP	
<b>Elzette Brocnot Cansin</b>		<b>Wife</b>	
3. HOME ADDRESS (No., Street, City, Zone, State, Country)		4. HOME PHONE NO.	
		<b>Elwood 6-6811</b>	
5. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE		6. BUSINESS PHONE NO. & EXT.	
<b>Dept of Army</b>		<b>OX 57742</b>	
7. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE STATE:			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"><b>Mrs. Estelle Cansin 150 Monterey St. Brisbane, Calif.</b></div> <div style="width: 35%;"><b>Mother</b></div> </div>			

SECTION XXVI

CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION  
WILL BE INVESTIGATED.

I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. DATE OF SIGNATURES

25 September 1961

2. SIGNATURE OF APPLICANT

*Lucien Blouin*

3. SIGNED AT (City and State)

Washington D. C.

4. SIGNATURE OF WITNESS

*H. C. Rucker, Jr.*

NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.





DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C.

AGPO-SR 201 Cersin, Lucien E.  
01 322 769

22 September 1961

SUBJECT: Retirement

TO: Lieutenant Colonel Lucien E. Cersin, 01322769, Infantry

Lieutenant Colonel Lucien E. Cersin, 01322769, Army of the United States, (Lieutenant Colonel, Infantry, United States Army Reserve) upon his application is retired from active service under the provisions of title 10, United States Code, section 3911, after more than 20 years of active Federal service. He is relieved from assignment and duty Washington, D. C., effective date of change of strength accountability: 30 September 1961 and placed on Army of the United States Retired List 1 October 1961. On 1 October 1961 he is transferred to United States Army (Retired Reserve) and assigned to United States Army Control Group (Retired) at appropriate United States Army Corps. Hope of selection and completion of travel within one year is authorized. Permanent change of station. Travel directed is necessary in the military service. Pamphlet--"Personal Property Shipping Information" is applicable. 2122010 01-1731-1732-1733 P 1317 S99-999. Separation program number 567.

By Order of the Secretary of the Army:

Adjutant General

OFFICER EFFICIENCY REPORT (AR 600-183 and SR 600-183-1)				
SECTION I				
1. LAST NAME - FIRST NAME - MIDDLE INITIAL CONRIN, Lucien E.	2. SERVICE NO. 0 1 322 769	3. GRADE Major	4. BRANCH Inf	5. COMPONENT USAR
6. UNIT, ORGANIZATION, AND STATION OF RATED OFFICER Support Group (8706) Washington 25, D. C.	7. PERIOD OF REPORT			
	FROM (Da,mo,yy) 1 May 56	TO (Da,mo,yy) 17 Oct 56	DUTY DAYS 126	OTHER DAYS 44
8. REASON FOR REPORT <input type="checkbox"/> Annual		9. BASIS FOR RATING OFFICER'S ENTRIES		
<input type="checkbox"/> Change duty rated officer <input checked="" type="checkbox"/> PCS rated officer <input type="checkbox"/> Change duty rating officer <input type="checkbox"/> PCS rating officer <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Close daily contact <input type="checkbox"/> Infrequent observation <input type="checkbox"/> Frequent observation <input type="checkbox"/> Reports and records		
10. DUTIES ACTUALLY PERFORMED ON PRESENT JOB ASSIGNMENT (Give his duty MOS 9300, job assignment, and briefly describe major additional duties).				
11. OFFICER CHARACTERISTICS				
	UNKNOWN	RATER UNSATIS- FACTORY	SATIS- FACTORY	UNKNOWN
		UNSATIS- FACTORY	SATIS- FACTORY	INDORSER UNSATIS- FACTORY
a. How effective is this officer in the maintenance of supply discipline?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. How effective is this officer in utilization of personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?	<input type="checkbox"/>	UNKNOWN	NO	YES
d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. DESCRIPTION OF RATED OFFICER AND COMMENTS. Remarks should cover any special strengths or weaknesses affecting performance of duty or ability to perform other types of assignments. If officer served in combat during period, state number of days ( ) and discuss strengths and weaknesses exhibited in combat.				
a. Comments of rating officer				
<p style="text-align: center;">An animated imaginative officer. Impetuous, verbose in talk, he is more realistic in action. He has an agile mind which does not take well to discipline. Speaks French fluently. Is able to develop and work with foreign personnel at all levels. Extremely adaptable.</p>				
b. Comments of indorsing officer				
<input type="checkbox"/> I do not know the rated officer well enough to complete the reverse side of this report.				
<p style="text-align: center;">This Officer is particularly well suited for unconventional warfare operations.</p>				
13. RATING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT			14. INDORSING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT	
Under My Supervision:			Under My Jurisdiction:	
<input type="checkbox"/> Chief of Station, GS-15			<input type="checkbox"/> Branch Chief, GS-15	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-183 AND SR 600-183-1.			I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-183 AND SR 600-183-1.	
DATE 31 OCT			DATE	
15. THIS REPORT HAS INCLOSURES. (Enter "N" if appropriate).			16. DATE ENTERED ON DA FORM 68 PERSONNEL OFFICER'S I ALS 17 Oct 56	

DA FORM 67-3  
1 OCT 55

REPLACES DA AGO FORM 67-3, 1 SEP 50,  
WHICH WILL BE OBSOLETE 31 OCT 63.

RATED OFFICER'S NAME AND SERVICE NUMBER

COHEN, Lucien E., O 1 22769

### SECTION II ESTIMATED DESIRABILITY IN VARIOUS CAPACITIES

Indicate the extent to which you would desire the rated officer to serve under you in each type of duty described below. Place an X in the proper box. Consider each item in terms appropriate to rated officer's grade and branch. Use the UNKNOWN column only if the nature of your contacts makes it impracticable for you to make an estimate of his probable usefulness in a particular assignment. Marking UNKNOWN does not penalize the rated officer.

RATER					INDORSER				
1	2	3	4	5	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A Command a unit.					B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Serve as a staff officer.					C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B Specify: UW or Guerrilla Warfare Ops				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C Specify: Sabotage, GW, Special Forces				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C Work as a specialist, professional person, or technician.					D Conduct military instruction.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D Conduct military instruction.					E Serve in a capacity involving contacts with other services, allied forces, or civilians - e.g., joint boards, contract negotiations, reserve components, etc.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E Serve in a capacity involving contacts with other services, allied forces, or civilians - e.g., joint boards, contract negotiations, reserve components, etc.					F Carry out an assignment involving mostly administrative duties.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F Carry out an assignment involving mostly administrative duties.					G Represent your viewpoint in liaison activities.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G Represent your viewpoint in liaison activities.					H Make decisions and take action in your name during your absence - e.g., act as your deputy.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H Make decisions and take action in your name during your absence - e.g., act as your deputy.					I Be responsible in an emergency requiring forceful leadership.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I Be responsible in an emergency requiring forceful leadership.					J Other.				
J Other.					Specify: Research & Development, Special Force Techniques				

Comment on end/or clarify above ratings if necessary

Subject's forte is not administration; he is a specialist in airborne and similar types of special operations demanding a high degree of initiative, energy, and perseverance.

\*For technical and administrative services, or staff, interpret this to mean managerial responsibilities commensurate with command.

### SECTION III PERFORMANCE OF DUTY

Considering only officers of his grade, branch, and about the same time in grade, rate the officer on performance of his duty assignment. Read all descriptions and place a heavy X in the box opposite best description.

	RATER	INDORSER
7. Exceeds any other officer I know in performance of this duty.	<input type="checkbox"/>	<input type="checkbox"/>
6. Outstanding performance of this duty found in very few officers.	<input type="checkbox"/>	<input type="checkbox"/>
5. Very fine performance of such a nature that this officer is a distinct asset to the service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Performs this duty in a competent, dependable manner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Performs this duty acceptably.	<input type="checkbox"/>	<input type="checkbox"/>
2. Barely adequate in performance of this duty.	<input type="checkbox"/>	<input type="checkbox"/>
1. Inadequate in performance of this duty.	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION IV PROMOTION POTENTIAL

Considering officers of his grade, branch, and about the same time in grade, what is your opinion of this officer's promotion potential? Place a heavy X in the box opposite best description.

	RATER	INDORSER
6. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries.	<input type="checkbox"/>	<input type="checkbox"/>
5. Should give an outstanding performance when promoted to next higher grade.	<input type="checkbox"/>	<input type="checkbox"/>
4. Should give a competent and dependable performance when promoted to next higher grade.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Should give a fairly adequate performance of duty when promoted to next higher grade.	<input type="checkbox"/>	<input type="checkbox"/>
2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade.	<input type="checkbox"/>	<input type="checkbox"/>
1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted.	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION V OVER-ALL VALUE

What is your estimate of the rated officer's over-all value to the service? Compare him with officers of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description.

	RATER	INDORSER
8. The most outstanding officer I know.	<input type="checkbox"/>	<input type="checkbox"/>
7. One of the few highly outstanding officers I know.	<input type="checkbox"/>	<input type="checkbox"/>
6. A very fine officer who is a great asset to the service.	<input type="checkbox"/>	<input type="checkbox"/>
5. A competent, dependable officer of distinct value to the service.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. A typically effective officer.	<input type="checkbox"/>	<input type="checkbox"/>
3. An acceptable officer whose value is limited in some respects.	<input type="checkbox"/>	<input type="checkbox"/>
2. An officer who performs acceptably in a limited range of assignments, but who could easily be replaced.	<input type="checkbox"/>	<input type="checkbox"/>
1. An officer who is not of the caliber that one should reasonably expect in an officer.	<input type="checkbox"/>	<input type="checkbox"/>

OFFICER EFFICIENCY REPORT (AR 600-100 and SR 600-105-1)				
SECTION I				
1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>CONGIN, Lucien E.</b>		2. SERVICE NO. <b>0 1 322 769</b>	3. GRADE <b>Maj</b>	4. BRANCH <b>Inf</b>
5. COMPONENT <b>USAR</b>				
6. UNIT, ORGANIZATION, AND STATION OF RATED OFFICER <b>Sgt. Gp. 8706th DU Washington 25, D. C.</b>		7. PERIOD OF REPORT		
		FROM (Da, mo, yr) <b>31 Apr '56</b>	TO (Da, mo, yr)	OTHER DAYS
8. REASON FOR REPORT <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Change duty rated officer <input type="checkbox"/> PCS rated officer <input type="checkbox"/> Change duty rating officer <input type="checkbox"/> PCS rating officer <input type="checkbox"/> Other (Specify)		9. BASIS FOR RATING OFFICER'S ENTRIES <input checked="" type="checkbox"/> Close daily contact <input type="checkbox"/> Infrequent observation <input type="checkbox"/> Frequent observation <input type="checkbox"/> Reports and records		
10. DUTIES ACTUALLY PERFORMED ON PRESENT JOB ASSIGNMENT (Give his duty MOS, job assignment, and briefly describe major additional duties).				
11. OFFICER CHARACTERISTICS				
		RATER		
		UNKNOWN	UNSATIS- FACTORY	SATIS- FACTORY
		UNKNOWN	UNSATIS- FACTORY	SATIS- FACTORY
a. How effective is this officer in the maintenance of supply discipline?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. How effective is this officer in utilization of personnel?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?		UNKNOWN	NO	YES
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?		UNKNOWN	NO	YES
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. DESCRIPTION OF RATED OFFICER AND COMMENTS. Remarks should cover any special strengths or weaknesses affecting performance of duty or ability to perform other types of assignments. If officer served in combat during period, state number of days ( ) and discuss strengths and weaknesses exhibited in combat.				
a. Comments of rating officer				
<p><b>Has demonstrated outstanding leadership, including the ability to assess a situation correctly, make proper decisions on his own initiative, and cope with emergencies skillfully. Much of his duties were performed in territory in which enemy agents were active; some were performed under enemy fire.</b></p>				
b. Comments of endorsing officer				
<input type="checkbox"/> I do not know the rated officer well enough to complete the reverse side of this report.				
<p><b>An outstanding officer, thoroughly qualified technically in his field, practical, energetic and bold. Undertook difficult missions under most trying conditions and carried them out successfully.</b></p>				
13. RATING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT		14. ENDORSING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT		
<b>MAAG - Vietnam</b>		<b>Edward G. LANSDALE, Colonel, 2534A, USAF, MAAG - Vietnam</b>		
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-100 AND SR 600-105-1.		I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-100 AND SR 600-105-1.		
DATE		DATE	SIGNATURE	
			<b>Ed G. Lansdale</b>	
15. THIS REPORT HAS INCLOSURES. (Insert "0" if appropriate).		16. DATE ENTERED ON DA FORM 60 PERSONNEL OFFICER'S INITIALS		

DA FORM 67-3  
1 OCT 53

REPLACES DA AGO FORM 42-2, 1 SEP 52,  
WHICH WILL BE OBSOLETE 31 OCT 52.

RATED OFFICER'S NAME AND SERVICE NUMBER

### SECTION II ESTIMATED DESIRABILITY IN VARIOUS CAPACITIES

Indicate the extent to which you would desire the rated officer to serve under you in each type of duty described below. Place an X in the proper box. Consider each item in terms appropriate to rated officer's grade and branch. Use the UNKNOWN column only if the nature of your contacts makes it impracticable for you to make an estimate of his probable usefulness in a particular assignment. Marking UNKNOWN does not penalize the rated officer.

RATER					INDORSER				
1	2	3	4	5	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comment on and/or clarify above ratings if necessary

\*For technical and administrative services, or staff, interpret this to mean managerial responsibilities commensurate with command.

### SECTION III PERFORMANCE OF DUTY

Considering only officers of his grade, branch, and about the same time in grade, rate the officer on performance of his duty assignment. Read all descriptions and place a heavy X in the box opposite best description.

7. Exceeds any other officer I know in performance of this duty.
6. Outstanding performance of this duty found in very few officers.
5. Very fine performance of such a nature that this officer is a distinct asset to the service.
4. Performs this duty in a competent, dependable manner.
3. Performs this duty acceptably.
2. Barely adequate in performance of this duty.
1. Inadequate in performance of this duty.

RATER  
INDORSER

### SECTION V OVER-ALL VALUE

What is your estimate of the rated officer's over-all value to the service? Compare him with officers of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description.

3. The most outstanding officer I know.
2. One of the few highly outstanding officers I know.
1. A very fine officer who is a great asset to the service.
1. A competent, dependable officer of distinct value to the service.
4. A typically effective officer.
3. An acceptable officer whose value is limited in some respects.
2. An officer who performs acceptably in a limited range of assignments, but who could easily be replaced.
1. An officer who is not of the caliber that one should reasonably expect in an officer.

RATER  
INDORSER

### SECTION IV PROMOTION POTENTIAL

Considering officers of his grade, branch, and about the same time in grade, what is your opinion of this officer's promotion potential? Place a heavy X in the box opposite best description.

6. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries.
5. Should give an outstanding performance when promoted to next higher grade.
4. Should give a competent and dependable performance when promoted to next higher grade.
3. Should give a fairly adequate performance of duty when promoted to next higher grade.
2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade.
1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted.

RATER  
INDORSER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**OFFICERS EFFICIENCY REPORT  
WORK SHEET**

**SECTION 1**

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>COHEN, LUCIAN F.</b>	2. SERVICE NO. <b>01212 769</b>	3. GRADE <b>MAJ</b>	4. BRANCH <b>INF</b>	5. COMPONENT <b>USAR</b>																														
6. UNIT, ORGANIZATION, AND STATION OF RATED OFFICER  	7. PERIOD OF REPORT FROM (Do, mo, yr) <b>11/80</b> TO (Do, mo, yr) <b>11/80</b> DUTY DAYS <b>11/80</b> OTHER DAYS <b>11/80</b>																																	
8. REASON FOR REPORT <input type="checkbox"/> Change duty rated officer <input checked="" type="checkbox"/> Change duty rating officer <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Annual <input type="checkbox"/> PCS rated officer <input type="checkbox"/> PCS rating officer	9. BASIS FOR RATING OFFICER'S ENTRIES <input checked="" type="checkbox"/> Close daily contact <input type="checkbox"/> Frequent observation <input type="checkbox"/> Infrequent observation <input type="checkbox"/> Reports and records																																	
10. DUTIES ACTUALLY PERFORMED ON PRESENT PCS ASSIGNMENT (Give his duty MOS, job assignment, and briefly describe major additional duties). <b>Classified duties comparable to a Special Forces troop commander on an isolated mission</b>																																		
11. OFFICER CHARACTERISTICS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="2">RATER</th> <th colspan="2">INDORSER</th> </tr> <tr> <th></th> <th>UNKNOWN</th> <th>SATIS-FACTORY</th> <th>UNKNOWN</th> <th>SATIS-FACTORY</th> </tr> </thead> <tbody> <tr> <td>a. How effective is this officer in the maintenance of supply discipline?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>b. How effective is this officer in utilization of personnel?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">If UNKNOWN or NO explain in detail in item 12a.</td> </tr> <tr> <td>d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">If UNKNOWN or NO explain in detail in item 12a.</td> </tr> </tbody> </table>						RATER		INDORSER			UNKNOWN	SATIS-FACTORY	UNKNOWN	SATIS-FACTORY	a. How effective is this officer in the maintenance of supply discipline?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. How effective is this officer in utilization of personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If UNKNOWN or NO explain in detail in item 12a.		d. FOR RATER ONLY - Could this officer be expected to serve adequately in any normal branch assignment commensurate with his grade?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If UNKNOWN or NO explain in detail in item 12a.	
	RATER		INDORSER																															
	UNKNOWN	SATIS-FACTORY	UNKNOWN	SATIS-FACTORY																														
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b. How effective is this officer in utilization of personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																														
c. FOR RATER ONLY - Does this officer possess the physical, mental, and moral qualities expected for his grade, branch, and length of commissioned service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If UNKNOWN or NO explain in detail in item 12a.																															
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12. DESCRIPTION OF RATED OFFICER AND COMMENTS. Remarks should cover any special strengths or weaknesses affecting performance of duty or ability to perform other types of assignments. If officer served in combat during period, state number of days (days) and discuss strengths and weaknesses exhibited in combat. a. Comments of rating officer <div style="border: 1px solid black; height: 150px; width: 100%;"></div>																																		
13. RATING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		14. INDORSING OFFICER'S NAME, GRADE, SERVICE NUMBER, BRANCH, ORGANIZATION, AND DUTY ASSIGNMENT <b>EDWARD G. LANSDALE, COLONEL, 2534A, USAF, MAAG, VIETNAM</b>																																
I CERTIFY THAT THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-8-6 AND AR 600-10-1.		I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREON BY ME ARE TRUE AND IMPARTIAL AND ARE IN ACCORDANCE WITH AR 600-8-6 AND AR 600-10-1.																																
DATE	SIGNATURE	DATE	SIGNATURE																															
15. THIS REPORT HAS <input type="checkbox"/> ENCLOSURES (None - "0" if appropriate)		16. DATE ENTERED ON DA FORM 65 PERSONNEL OFFICER'S INITIALS <div style="border: 1px solid black; padding: 5px; display: inline-block;">FILE COPY</div>																																

RATED OFFICER'S NAME AND SERVICE NUMBER

### SECTION II ESTIMATED DESIRABILITY IN VARIOUS CAPACITIES

Indicate the extent to which you would desire the rated officer to serve under you in each type of duty described below. Place an X in the proper box. Consider each item in terms appropriate to rated officer's grade and branch. Use the UNKNOWN column only if the nature of your contacts makes it impracticable for you to make an estimate of his probable usefulness in a particular assignment. Marking UNKNOWN does not penalize the rated officer.

RATER					INDORSER				
1	2	3	4	5	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comment on and/or clarify above ratings if necessary

\* For technical and administrative services, or staff, interpret this to mean managerial responsibilities commensurate with command.

### SECTION III PERFORMANCE OF DUTY

Considering only officers of his grade, branch, and about the same time in grade, rate the officer on performance of his duty assignment. Read all descriptions and place a heavy X in the box opposite best description.

7. Excels any other officer I know in performance of this duty.
6. Outstanding performance of this duty found in very few officers.
5. Very fine performance of such a nature that this officer is a distinct asset to the service.
4. Performs this duty in a competent, dependable manner.
3. Performs this duty acceptably.
2. Barely adequate in performance of this duty.
1. Inadequate in performance of this duty.

RATER	INDORSER
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### SECTION V OVER-ALL VALUE

What is your estimate of the rated officer's over-all value to the service? Compare him with officer's of the same grade, branch, and about the same time in grade. Place a heavy X in the box opposite best description.

8. The most outstanding officer I know.
7. One of the few highly outstanding officers I know.
6. A very fine officer who is a great asset to the service.

RATER	INDORSER
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### SECTION IV PROMOTION POTENTIAL

Considering officers of his grade, branch, and about the same time in grade, what is your opinion of this officer's promotion potential? Place a heavy X in the box opposite best description.

6. One of the few exceptional officers who should be considered for more rapid promotion than his contemporaries.
5. Should give an outstanding performance when promoted to next higher grade.
4. Should give a competent and dependable performance when promoted to next higher grade.
3. Should give a fairly adequate performance of duty when promoted to next higher grade.
2. Has not yet demonstrated potential for promotion to next higher grade. Needs more time in present grade.
1. Has reached the highest grade level at which satisfactory performance should be expected. Should not be promoted.

RATER	INDORSER
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

5. A competent, dependable officer of distinct value to the service.
4. A typically effective officer.
3. An acceptable officer whose value is limited in some respects.
2. An officer who performs acceptably in a limited range of assignments but who could easily be replaced.
1. An officer who is not of the caliber that one should reasonably expect in an officer.

RATER	INDORSER
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>


SECRET

13 August 1956

MEMORANDUM FOR: CHIEF, MILITARY PERSONNEL DIVISION

SUBJECT : Major Lucien E. CORBIN



  
Chief, Far East Division



STANDARD FORM 52 PRINTED GARD IN THE U. S. GOVERNMENT PRINTING OFFICE WASHINGTON, D. C. 20540		UNVOUCHERED	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)		2. DATE OF BIRTH	3. REQUEST NO.
Major Lucien E. CORNIN		29 Nov. 1919	
4. DATE OF REQUEST		5. EFFECTIVE DATE A. PROPOSED:	6. C. 3 OR OTHER LEGAL AUTHORITY
4 May 56			
7. NATURE OF ACTION REQUESTED. A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		B. APPROVED:	
Reassignment		JUL 29 1956	
8. POSITION (Specify whether establish, change grade or title, etc.)			
9. POSITION TITLE AND NUMBER		10. SERVICE, GRADE, AND SALARY	
11. ORGANIZATIONAL DESIGNATIONS		12. HEADQUARTERS	
13. FIELD OR DEPARTMENTAL			
14. REQUESTED BY (Name and title)			
D. P. CORNIN, JR., Major, USAF			
15. REQUEST APPROVED BY			
Signature:			
Title:			
16. ADDITIONAL INFORMATION CALL (Name and telephone extension)			
Bates 11-0100-330			
17. VETERAN PREFERENCE			
18. POSITION CLASSIFICATION ACTION			
NEW VICE 1 A. REAL			
19. SUBJECT TO C. 5 RETIREMENT ACT (YES-NO)			
20. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)			
21. LEGAL RESIDENCE			
CLAIMED PROVED STATE:			
22. STANDARD FORM 50 REMARKS			
23. CLEARANCES			
INITIAL OR SIGNATURE DATE REMARKS			
A			
B. CEN. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT ON EMPL.			
E			
F. APPROVED BY			

RECOMMENDATION FOR HONOR AWARD (REGULATIONS # 20-615 & AIR 20-535)			DATE 10 July 1970
TO: Honor Awards Board	THROUGH: LCI	FROM: Chief of Justice, Saigon (Military)	
<b>SECTION I PERSONAL DATA</b>			
NAME OF PERSON RECOMMENDED (Last) (First) (Middle)	POSITION TITLE	GRADE	
CLUBB, Lucien S.	Parasitologist, Officer	Major, USAF	
OFFICE ASSIGNED TO	STATION	HEADQUARTERS <input type="checkbox"/> FIELD (Specify location) <input checked="" type="checkbox"/>	
228/VE-4	Saigon, Vietnam		
LEGAL RESIDENCE (Number, street, city, zone, state)		CITIZENSHIP AND HOW ACQUIRED	
1925 N. Ninth St., Kansas City, Kansas		U.S. (Naturalized)	
IF ANY OF THE ABOVE ITEMS WERE DIFFERENT FOR THE INDIVIDUAL RECOMMENDED AT THE TIME OF THE ACT OR SERVICE, INDICATE SUCH DIFFERENCES. NA			
RECOMMENDED AWARD		POSTHUMOUS	
Distinguished Intelligence Medal		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NAME OF NEXT OF KIN	RELATIONSHIP	ADDRESS (Number, street, city, zone, state)	
Carolyn C. Clubb	Wife	1517 Alameda St., Falls Church, Va.	
IF PREVIOUS RECOMMENDATIONS WERE SUBMITTED FOR THIS ACT OR SERVICE, INDICATE TYPE OF AWARD RECOMMENDED, BY WHOM, DATE, ORIGINATING OFFICE, AND ACTION TAKEN. NA			
<b>SECTION II RECOMMENDATION FOR AWARD FOR HEROIC ACTION</b>			
WERE YOU AN EYEWITNESS TO THE ACT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IF ORIGINATOR IS NOT AN EYEWITNESS, ATTACH AFFIDAVITS OR CERTIFICATES OF EYEWITNESSES OR INDIVIDUAL HAVING PERSONAL KNOWLEDGE OF THE FACTS.	
PERSONNEL IN IMMEDIATE VICINITY OR WHO ASSISTED IN ACT OR SHARED IN SAME HAZARD:			
FULL NAME	POSITION TITLE	GRADE	OFFICE ASSIGNED TO
LIST ANY OF THE ABOVE PERSONS GIVEN AN AWARD OR RECOMMENDED FOR AWARD FOR PARTICIPATING IN ACT:			
FULL NAME	TYPE OF AWARD		
CONDITIONS UNDER WHICH ACT WAS PERFORMED:			
LOCATION	INCLUSIVE DATES	TIME OF DAY	
PREVAILING GEOGRAPHIC CONDITIONS AND OBSTACLES ENCOUNTERED			
<b>SECTION III RECOMMENDATION FOR AWARD FOR ACHIEVEMENT OR SERVICE</b>			
OFFICE, COMMAND, ORIGINATING OFFICE, DATE, RELEASE, AND ACTION TAKEN			
INCLUSIVE DATES FOR WHICH RECOMMENDED	ASSIGNMENT	NOT IN SAME OR RELATED ASSIGNMENT	

501 file

SECTION IV TO BE USED FOR ALL RECOMMENDATIONS	
NARRATIVE DESCRIPTION OF <input type="checkbox"/> DEED (OR ACT) <input type="checkbox"/> ACHIEVEMENT PERFORMED (OR SERVICE RENDERED)	
AWARD FOR HYDROIC ACTION: HAS ACT VOLUNTARY? DESCRIBE WHY ACT WAS OUTSTANDING AND IF IT WAS MORE THAN NORMALLY EXPECTED. EXPLAIN HOW. IF IN AERIAL FLIGHT, DESCRIBE TYPE AND POSITION OF AIRPLANE, CREW POSITION OF INDIVIDUAL, AND ALL UNUSUAL CIRCUMSTANCES. INDICATE RESULTS OF SERVICE.	
AWARD FOR ACHIEVEMENT OR SERVICE: TITLE AND DUTIES OF ASSIGNMENT, INCLUDING CHARACTER OF SERVICE DURING PERIOD FOR WHICH RECOMMENDED. GIVE COMPLETE DESCRIPTION OF TECHNICAL OR SPECIALIZED POSITIONS, INCLUDING DATES OF ASSIGNMENT AND RELIEF. WHAT DID THE INDIVIDUAL DO THAT MERITS THE AWARD? WHY WAS THIS OUTSTANDING WHEN COMPARED TO OTHERS OF LIKE GRADE AND EXPERIENCE IN SIMILAR POSITIONS? INDICATE RESULTS OF ACHIEVEMENT OR SERVICE.	
<p style="text-align: center;">SEE ATTACHMENT</p>	
RELATED POSITION OF PERSON INITIATING RECOMMENDATION TO PERSON BEING RECOMMENDED <i>See Attachment</i>	NAME, POSITION TITLE, AND GRADE OF PERSON MAKING RECOMMENDATION <i>See Attachment</i> <i>DATE OF RECOMMENDATION, (Month/Day/Year)</i>
LIST OF ENCLOSURES (include proposed citation) <i>See Attachment</i>	SIGNATURE  DATE

13 June 1954

WALTER C. FREDERICK

1. Served with the Saigon Military Mission from 1 July 1954 to 28 April 1955; although he has served in Saigon at another station from September 1955 to date, he has voluntarily supported GSI activities in his spare time. Concin's major duties have been in the Semimilitary field, with contributions and support to a wide variety of other activities.

2. In July and early August 1954, Cossin served as assistant to the Chief of SIAI. As such, he helped in making contact with Vietnamese political underground groups in Tonkin and Cochinchina, assisted in the initial survey of the Vietnamese resistance potential in Tonkin, aided in SIAI political efforts to stop the assassination of French military by Vietnamese revolutionaries and participated in developing SIAI's contacts with the Vietnamese government.

3. In August 1974, additional paramilitary personnel reported for duty with USF and it was decided to place a separate B31 team in Tonkin to attempt to recruit, train, and place Vietnamese stay-behind forces there prior to the turn-over of the area to the Communist Vietnamese under the Geneva Agreement. Recruits, sabotage devices were to be collected, and training in sabotage, guerrilla warfare, and rescue techniques provided on Hanoi's ability. The stay-behind stay-behind or misdisguised were in place when the PAVN took over the North, during the removal of establishing and the Vietnamese demand in the case of establishing Tonkin. Important sabotage, within U.S. imposed limits, was successfully carried out.

2. The day-based organization was developed by Cossella personally. This was successfully carried out; the operational equipment in Hunkin, recruited security infiltrated, supervised operation training, was actively infiltrated the day-based organization into Hunkin successfully prior to the last phase of the Vietnam takeover of shipboard security in April 1975. All equipment was in place, the future was, by 31 January 1975, which was a small task of organizing, since it had to be done under the increasing surveillance of Vietnamese recent security forces who penetrated into French-held areas in Vietnam in the final days. Coverage in attendance of personnel was accomplished over a 5-day period in March 1975.

5. Defendant's efforts included the concealment of the will of the late R. H. B. Company and its use by the estate administrator. Such concealments were effected in June by the defendant, who then and since resided in the state of New York. Concealment was to be accomplished at the last minute, so that it is not known and probably never will be known, whether the defendant's efforts included the concealment of the will of the late R. H. B. Company and its use by the estate administrator. Such concealments were effected in June by the defendant, who then and since resided in the state of New York. Concealment was to be accomplished at the last minute, so that it is not known and probably never will be known, whether the defendant's efforts included the concealment of the will of the late R. H. B. Company and its use by the estate administrator.

14-00000

Duc Company was accomplished with the witting help of its French manager, whose friendship was developed by Cossin; the final operation was a unilateral operation by SMI.

6. The oil contamination took place just prior to the Vietnamese takeover of Hanoi on 9 October 1954. Cossin, assisted by Frank Carters, gained entry to stored drums of the Duc Company's lubricating oil, opened the drums, and started pouring in the contaminant. Fumes from the contaminant overcame them in the enclosed storage space. Upon reviving, the two placed handkerchiefs over their faces and completed the task.

7. Surveys and plans also were made for other sabotage missions, which were later cancelled by U.S. decisions. The team was in place and capable of carrying out the missions.

8. On 11 January 1955, SMI had so multiple and complex a mission that personnel were reorganized into separate teams by operational duties rather than by geography. Cossin was appointed Chief of the White Team, which was responsible for all paramilitary and support operations. The latter included a skilled smuggling operation which successfully eluded Vietnamese security agents and the International Commission (Poles, Russians, Canadians). Cossin's close friendship with the French Foreign Legion and with Corsican underworld elements was of assistance.

9. In April 1955, Corsican contacts started developing a liaison between SMI and the Binh Xuyen (police, opium, prostitution, and gambling) through Cossin. This was an attempt to establish, since the other contact liaison was being cut off, a link with the Binh Xuyen. SMI, in turn, (through, through, through) learned of the plan to attack the Vietnamese National Army and the Binh Xuyen. It was a warning sign, since the Binh Xuyen had been in the Binh Xuyen and was not publicly by the Binh Xuyen and Cossin's connections and known by them. After several short-and-long contacts, in which negotiations progressed towards a covert solution of the Binh Xuyen problem, the final contact was broken on 2 April by orders of the chief, SMI. Cossin was at the contact point when open fighting broke out in Saigon in the afternoon; it was known that Cossin would be taken, not sent back as a hostage. (During the fighting on American 100th Infantry, as in a third contact, all part was cut from by the Binh Xuyen, who murdered his death as an agent of the chief of SMI. His close social friendship with Cossin was the only connection; SMI's cover contact, the Chief of Staff of the Binh Xuyen, was sent back to the Binh Xuyen as the Chief of Staff, information from a contact, after he had observed the situation in the centralized institution finally, from its way through the Binh Xuyen and joined the National Army; this side note was entered only to indicate the situation. SMI, Cossin ran as a member of SMI in Saigon, with the Binh Xuyen; SMI's official action against the Binh Xuyen was not mentioned by SMI).

10. Concia's practical solutions to problems, great resourcefulness, skill and knowledge of equipment as well as all phases of paramilitary operations, contributed materially to the success of the Saigon Military Mission in advancing U.S. objectives. Concia is a good, strong right-hand man in a tight spot and proved it in a number of tense situations during this assignment.

EDWARD C. LAMBLA  
Colonel, USAF  
Chief, Saigon Military Mission

SECRET

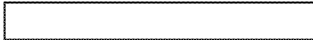
26 June 1956

MEMORANDUM FOR: CHIEF, MILITARY PERSONNEL DIVISION

SUBJECT : Request for Orders -  
Major Lucien E. COMEN

REFERENCE : IN 33577, dated 22 June 1956



  
Chief, Far East Division

24 May 52.

Lucien E. Corwindate of rank: 27 Dec 50 (Promoted to Major and  
inactive reserve effective



SECRET

AMENDMENT TO  
LETTER OF AUTHORIZATION FOR [REDACTED]

1956 Reference is made to your Letter of Authorization, effective 12 APRIL 27 OCTOBER 1955, which defines your relationship with the United States Government



UNITED STATES OF AMERICA

BY \_\_\_\_\_  
Contracting Officer

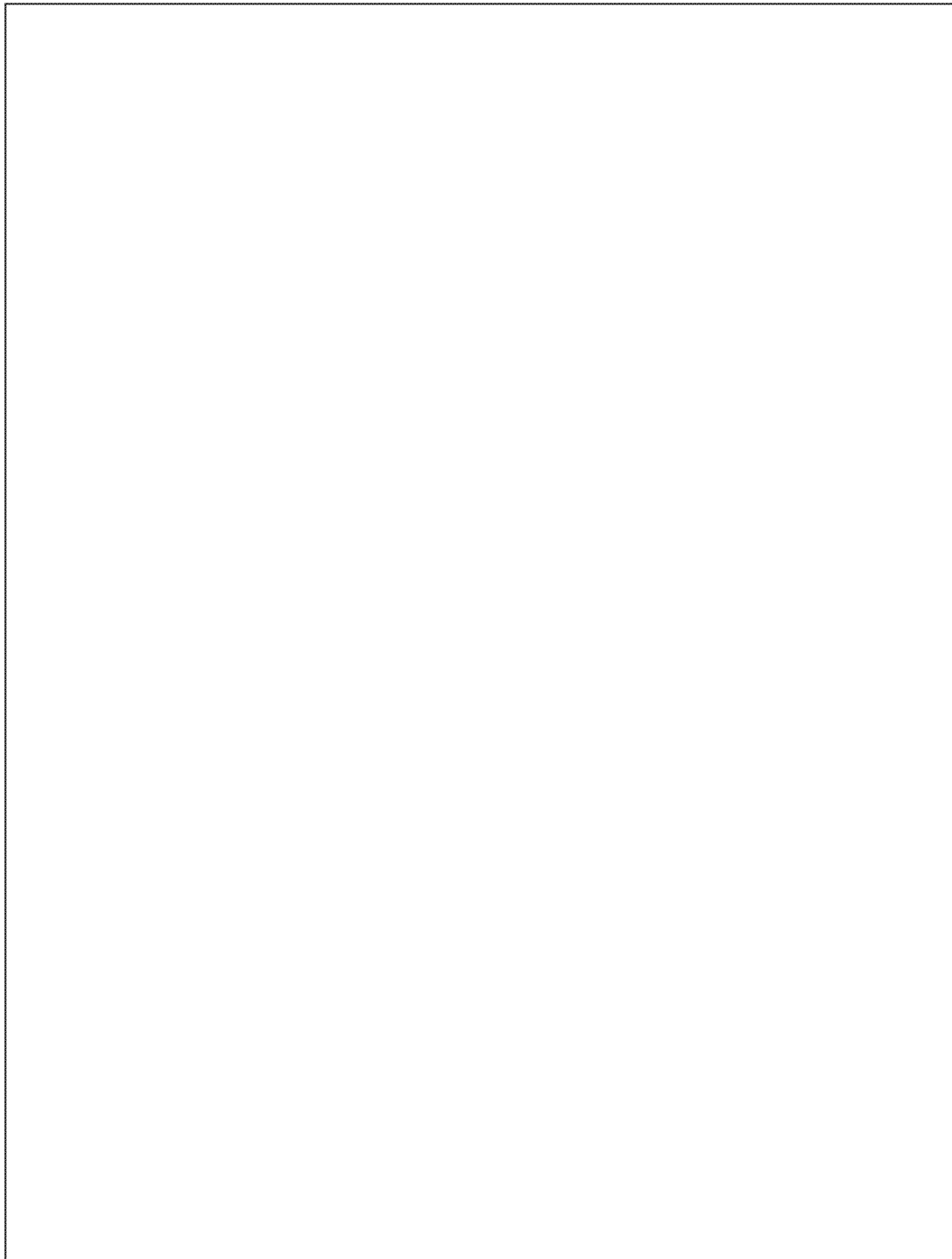
REVIEWED: \_\_\_\_\_

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SECRET

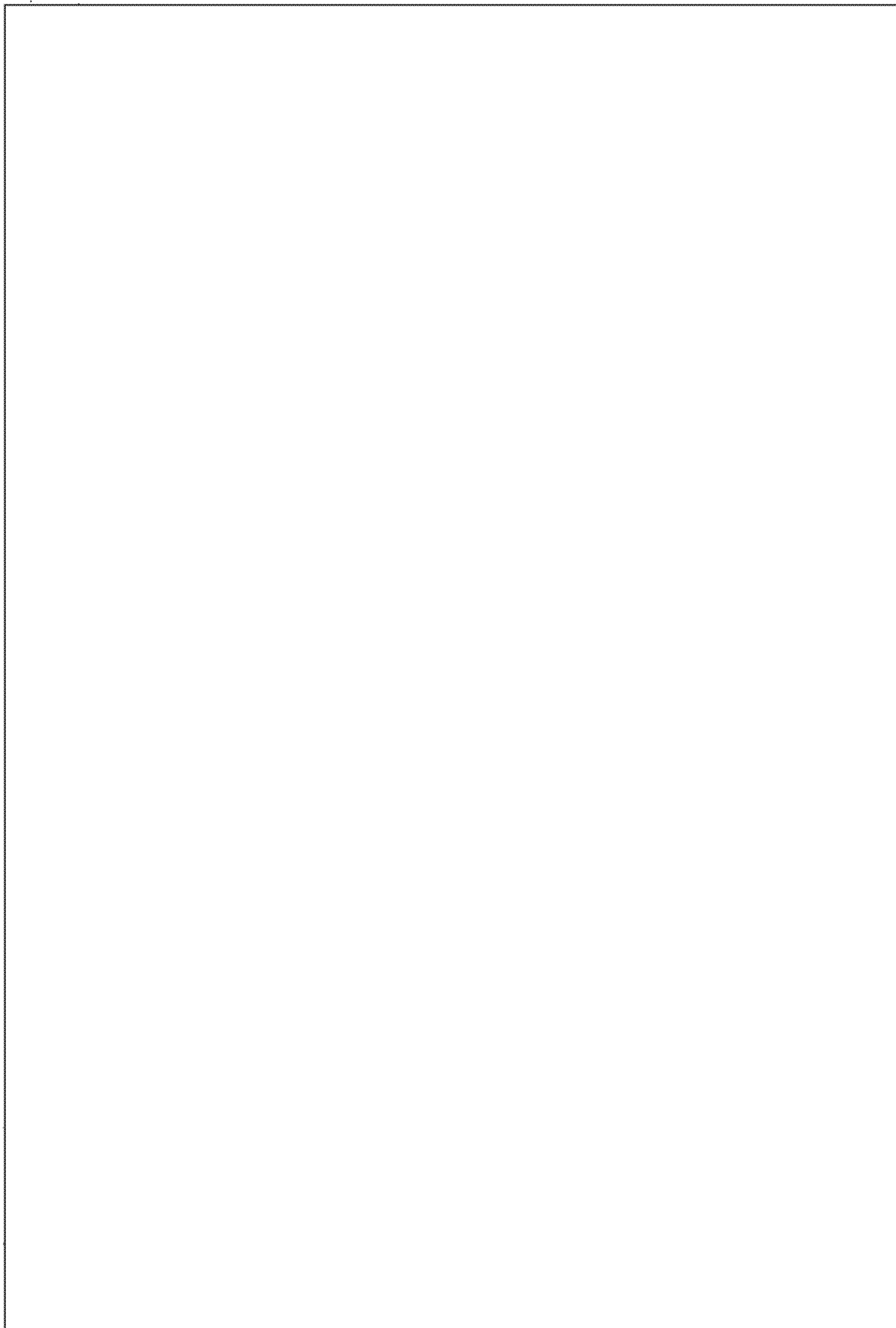
LETTER OF AUTHORIZATION FOR ~~SECRET~~ (S)

<sup>12 APRIL 1956</sup>  
EFFECTIVE 27 October 1955



SECRET

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UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

ACKNOWLEDGED:

REVIEWED:

Caw  
Chief, Military Personnel Division

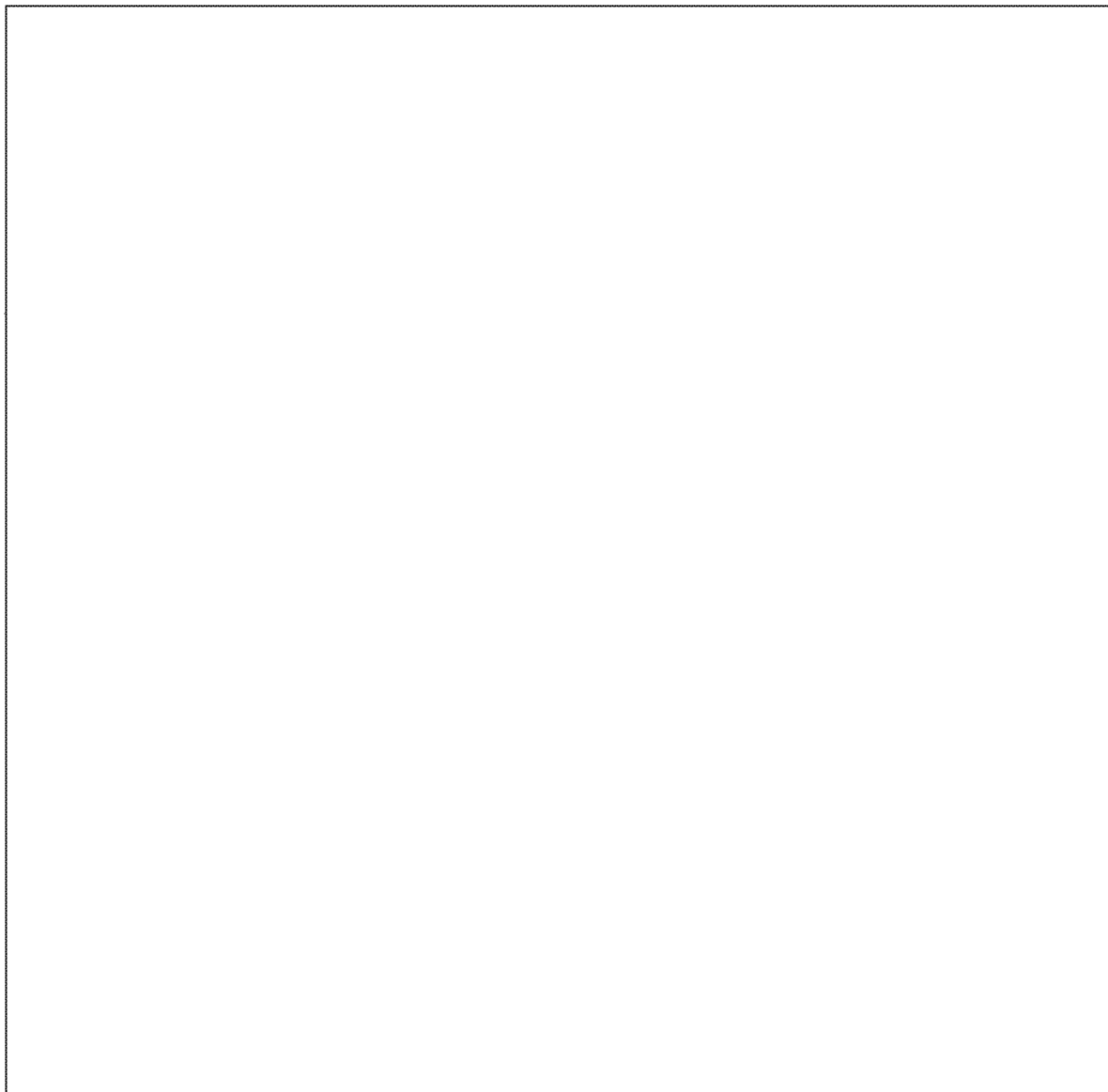
SECRET

SECRET

10 April 1966

MEMORANDUM FOR THE RECORD

SUBJECT: CONEIN, Lucien - Major



SECRET

Support/VN

STANDARD FORM 52  
FORM 52 OF THE  
U. S. CIVIL SERVICE COMMISSION  
APPROVED BY FEDERAL PERSONNEL  
MANAGEMENT BOARD, CHARTER 11

# REQUEST FOR PERSONNEL ACTION

CLASSIFICATION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) <b>Major Lucienne E. Corbin</b>	2. DATE OF BIRTH <b>29 Nov. 1927</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>6 April 1956</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>SEPARATION</b>		6. EFFECTIVE DATE A. PROPOSED: <b>27 OCT 55</b>	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <b>6 Nov 55</b>	

FROM: <b>Area One Officer</b> <b>RAV, USA</b>	<b>SEP-3160</b>	9. POSITION TITLE AND NUMBER	TO: <b>Ops Section</b> <b>RAV, USA</b>
<b>NEW FC</b> <b>Station 4 - Intermediate</b> <b>Station - Military Base</b>		10. SERVICE, GRADE, AND SALARY	<b>CDR/Ps</b> <b>Station 4 - Intermediate</b> <b>Military Station</b>
<b>Huephong, Vietnam</b>		11. ORGANIZATIONAL DESIGNATIONS	<b>Field Force</b> <b>6 (Huephong, Vietnam)</b>
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. HEADQUARTERS	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <b>SRP</b>

13. REMARKS (Use reverse if necessary)

\* Subject can't PCS Saigon on 27 OCT 55 (was out for 90 days prior to this date)  
SEPARATION EXTENDED SINCE 27 OCTOBER 1955.

To be completed 6 Nov 56

14. REQUESTED BY (Name and title) <b>Major Lucienne E. Corbin</b>	15. REQUEST APPROVED BY <b>To be completed 6 Nov 56</b>
16. ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>At 7:00 PM, 10/10/55</b>	17. INITIALS

18. VETERAN PREVIOUS SERVICE	19. POSTERIOR EDUCATION ACTION
NAME: <input type="checkbox"/> NEW <input type="checkbox"/> OTHER <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER	NEW: <input type="checkbox"/> VICE <input type="checkbox"/> 1A <input type="checkbox"/> WHEN

20. APPROPRIATION FROM: <b>4-3-5-4-5-5-5-5</b> TO: <b>6-1-2</b>	21. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	22. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)	23. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---	--	--	---

24. STANDARD FORM 50 REMARKS

25. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CIVIL OR PCS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

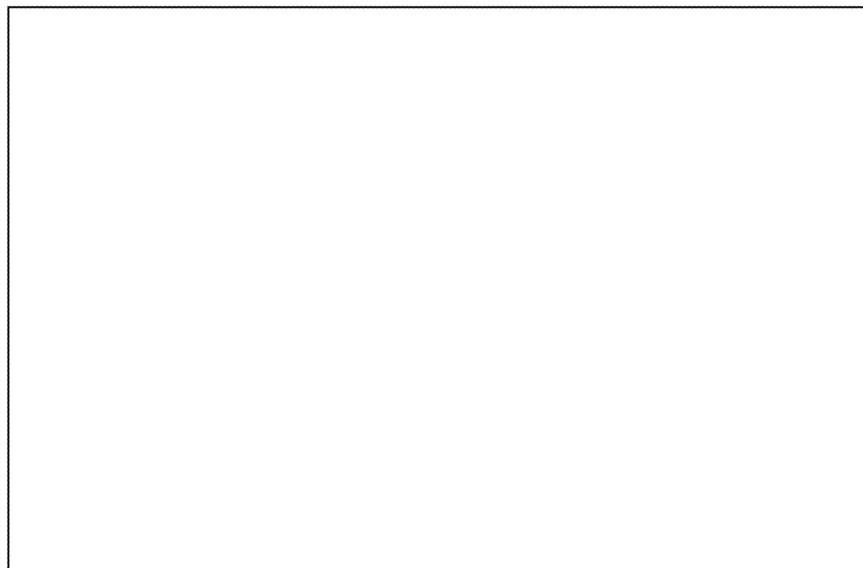
F. APPROVED BY

SECRET

16 SEP 1955

MEMORANDUM FOR: Chief, FE

SUBJECT: Letter of Commendation - Major Lucien E. Conain



Attachment - Ltr from Sec of CG  
dtd 11 Sep 55.

Ltr to S/A from  
Lt Gen Cabell, dtd  
27 Aug 55.

SECRET

VIA AIR  
(Specify Air or Sea Route)

DISPATCH NO. FVL 205

**SECRET**

CLASSIFICATION

TO Senior Representative, Indochina

DATE \_\_\_\_\_

FROM Chief, FE

SUBJECT **GENERAL** Administrative - Personnel  
**SPECIFIC** Assignment of [REDACTED] and VILLIERS

REF: a. SAIG 2922  
b. DIR 49205

1.

2.

3.

4.

**SECRET**

CLASSIFICATION



SECRET

~~EX-106~~  
page 2

5.

6.

*fl* William H. Dunn  
CHARLES F. WYNNICK

*For the record, now!*

*WHTS*

*6 July 1954*

15 May 1954

Distribution:

Addressee - Orig & 2



276

CLASSIFIED MESSAGE

DATE : 29 JUL 55

S-E-C-R-E-T

1	2	3	4	5	6

TO : DIRECTOR

FROM : SAIGON

JUL 30 1955

ACTION: FE 71

INFO : FI/RI 2, SSA, FD 3, OL/ID 2, OP 2, S/C 2

SAIG 7807 (IN 30141)

1657Z 29 JUL 55

ROUTINE

TO: DIR

PRECEDENCE  
CITE: SAIG

END OF MESSAGE

S-E-C-R-E-T

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE

COPY NO.

CLASSIFIED MESSAGE

DATE : 19 JUNE 1955

SECRET

1	2	3	4	5	6
Ch	Ch	Ch	Ch	Ch	Ch
Ch	Ch	Ch	Ch	Ch	Ch

TO : DIRECTOR

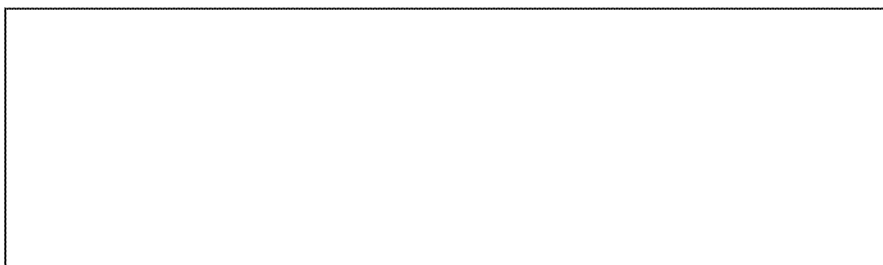
FROM : SAIGON

ACTION: FE 7 JUN 20 1955

INFO : FI/ADMIN, FI/RI 2, PP 2, PP/OPS, SSA, FU 4, OL/TD 2, OP 3, S/C

SAIG 7344 (IN 15400)

0308Z 20 JUN '55

ROUTINE  
PRECEDENCE

END OF MESSAGE

SECRET

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE

Copy No.

STANDARD FORM 52  
FORM 52, 1954 EDITION  
U. S. GOVERNMENT PRINTING OFFICE  
JANUARY 1954  
GPO: 1954 O - 250-000

SECRET

UNVOUCHERED

# REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) <b>Major Lucian R. CORBIN</b>	2. DATE OF BIRTH <b>29 Nov. 1919</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>1 Dec. 54</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Resignation</b>		6. EFFECTIVE DATE A. PROPOSED: <b>JAN 2 1955</b>	7. C.S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

A. REMARKS (Use reverse if necessary)

No fitness report necessary as subject's supervisor remains the same.

8. REQUESTED BY (Name and title)		9. REQUEST APPROVED BY			
10. FOR APPROVAL OF THE BOARD OF PENSIONERS		11. FOR APPROVAL OF THE BOARD OF PENSIONERS			
12. VETERAN'S PREFERENCE (If applicable, specify percentage and date of discharge) NONE WHITE OTHER 50% 10 POINT DISAB. OTHER		13. POSITION CLASSIFICATION ACTION NEW YRS. L.A. REAL			
14. SEX M	15. RACE W	16. APPROPRIATION FROM <b>5-3785-55-033</b> TO: <b>5-3785-55-033</b>	17. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>YES</b>	18. DATE OF DEPART- MENT AFFIDAVIT (ACCESSORS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:

20. STANDARD FORM 50 REMARKS

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CERL OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENCL.			
E.			
F. APPROVED BY <i>Stanley T. Carter</i>			

S. A. LIA  
CAI, ASS

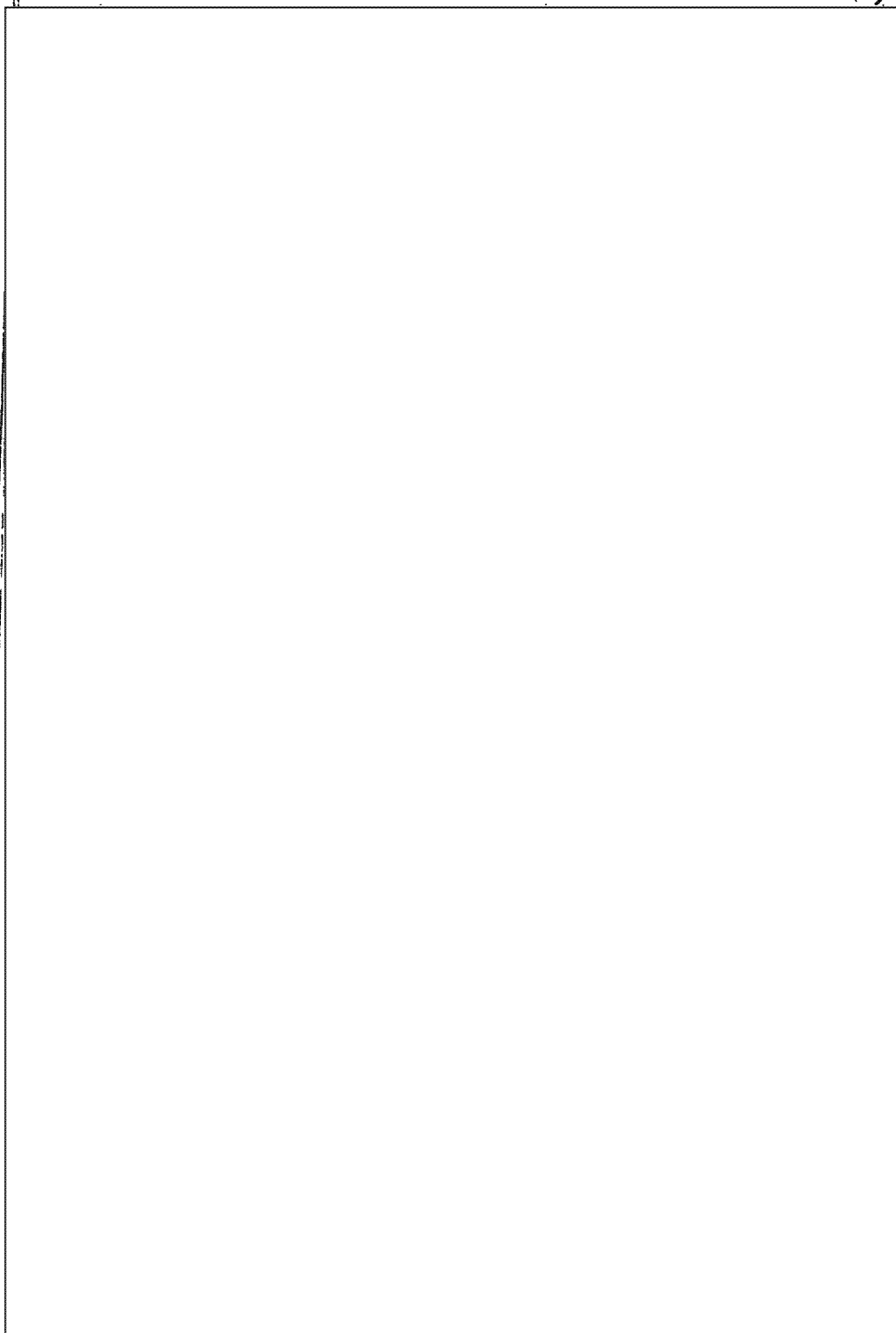
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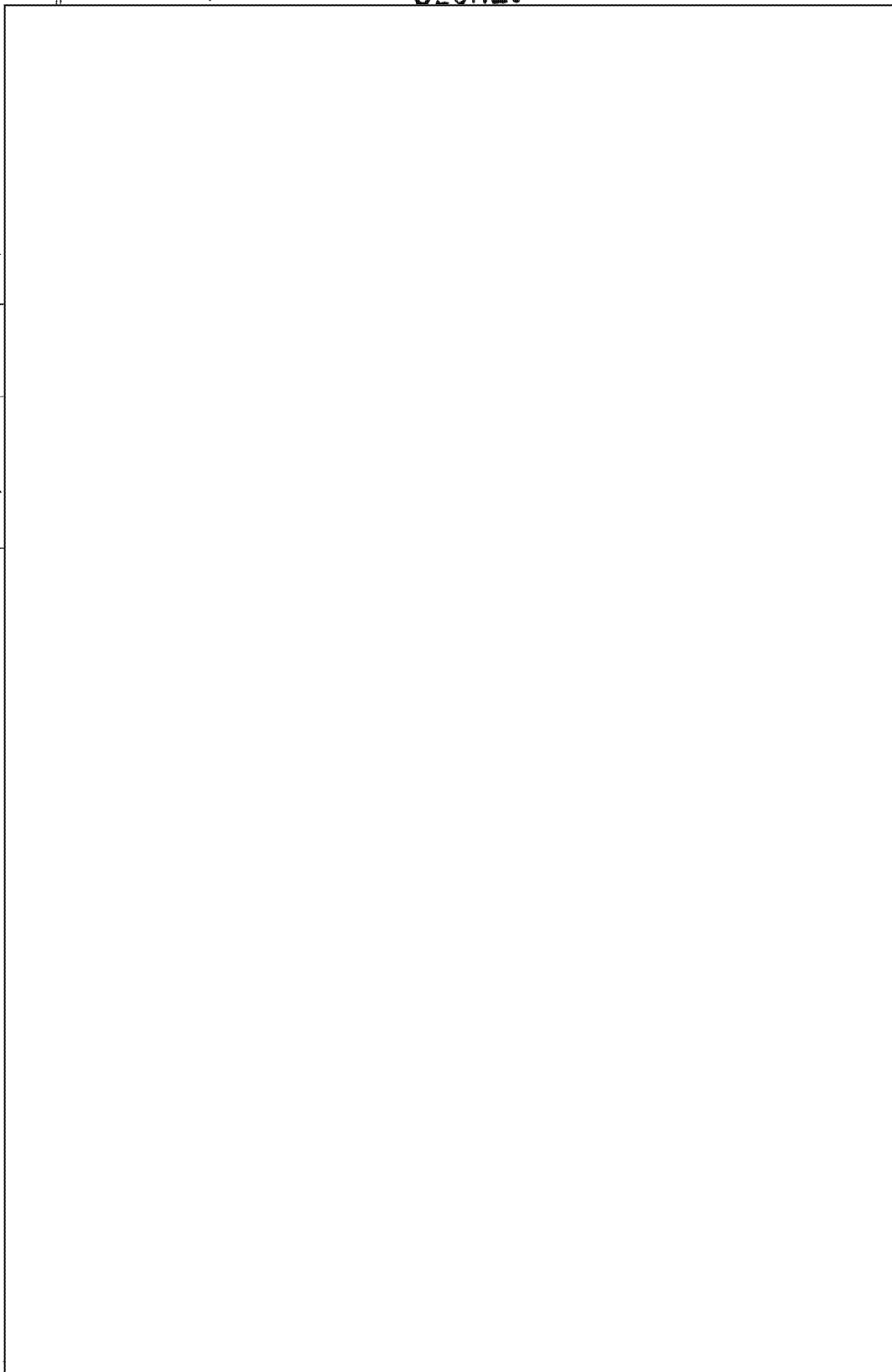
LETTER OF AUTHORIZATION FOR

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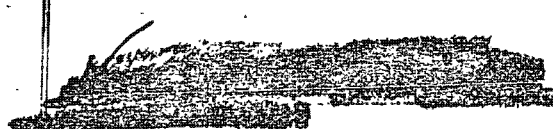
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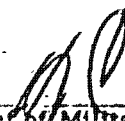
UNITED STATES OF AMERICA

BY \_\_\_\_\_  
Contracting Officer

ACKNOWLEDGED:



REVIEWED:

  
\_\_\_\_\_  
Chief of Military Personnel

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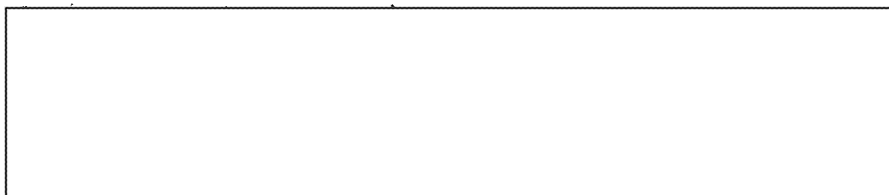


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11 December 1953

MEMORANDUM FOR: Mr. John H. Richardson  
FROM: Major Lucien E. Conein



*Lucien Conein*

Attachment.

11 December 1953

Dear Dick,

You will recall that it was my intention in 1951 to civilianize and assume a staff position upon my return from Germany. Since my return last August, however, I have decided to return to the Army and, accordingly, I signed a statement of category to this effect on 1 December 1953.

This decision is in no way a reflection on you or members of your staff but rather recognition that I cannot afford to civilianize due to my personal obligations. I intend to inform John Richardson of my action at the same time you receive this letter.

Since I am at present holding a slot, I think it is only fair to all concerned to have it filled by a qualified person before my departure.

I want to thank you and Gordon for the trust you have given me in the past. You may rest assured that I will always be glad to be of service to the Agency in the military if the need should ever arise.

Yours truly,

**Geographic Area Knowledge:**

Country or Region	General or Specialist (Specify)	How Knowledge was acquired	When Acquired
1 France - CHAM	Military	OSS WWII	1944-45
2 Indo China - Viet Nam	NA	OSS - CIA	1945-46
3 Germany - East	NA	OSS - CIA	1945-46

Language	Native	Fluent	Research	Travel	Limited	How Acquired (Reside, Native, Contact, Study)
1 French		S & W				NATIVE
2						
3						

**Employment History (Major Time Periods Only)**

Employer or Firm	Location	Job Description or Duties	Inclusive Dates
1. E. J. Connelley		Summary Press Man, Type Setty	1935-1940
2			
3			
4			
5			

**Marital Status** (Married, Divorced, Single, etc.) **Date of Marriage** 20 MAR 47 **Place of Marriage** DULLES, VA.

Dependents Name	Date of Birth	Relationship	Citizenship	Present Address
1. ELYSIE R	1 OCT 21	Wife	USA (NAT)	
2. JACQUELINE P	11 APR 54	Son	USA	
3. PHILIPPE	16 MAR 59	Son	USA	
4. DIVORCED MARIE-LOUISE PIERRE		Velev. Dec 47	PARIS, FRANCE	
5. DIVORCED CHARLES L. L.	26 MAR 57	Wife	INDIA	INDIA
6. CHARLES M. COULIN	30 MAR 50	Son	USA	4434 KENNEDY BLVD, ALEX, VA
7				

**Permanent Address & Phone** 1405 N 10th St, KANSAS CITY, KANSAS

**Alternate Address & Phone** MRS. E. J. Connelley, 150 MONTECARY ST, GLENDALE, CALIF - 10-1460

**Name (P)** CONNELLEY, E. J. **True Name** CONNELLEY, E. J.

**Special Qualifications (Pilot, Code radio operator, SCUBA Diver, etc.)**

Skill or Hobby	Proficiency	Skill or Hobby	Proficiency
1. FREE FALL PILOT	Good	2	
3		4	

**Operational or Combat Experience (W.W.II, Korea, Laos, Viet Nam, Other)**

Theater, Region, or Country	Time period	Assignments or Duties (Plat Ldr; Case Off; etc)
1. FRANCE - CHAM	1944-45	
2. Indo China - Viet Nam	1945-46	
3. GERMANY - East	1945-46	

**Military Service:** Component U.S. Army Branch Infantry Date entry on Active Duty 27 Sept 41

**Total Period Active Duty** 29 years **Rank when separated** 1st Lt **Current Status** Retired

**Major Military Schools attended** Infantry School Infantry School Infantry School

**Major Military Assignments** Infantry Infantry Infantry

**Duties (or Position) & Time Period Country**

Type School & Name & Length	Date Completed	Duties (or Position) & Time Period Country
1. OCS Ft. Benning (9 mo)	Jul 43	1. Infantry - OSS, Indo China 1945-46
2. Special Warfare (6 week)	Dec 43	2. Special Warfare - Indo China 1945-46
3		3. Intelligence - OSS, Indo China 1945-46
4		4

**Agency Service:** Date entry active duty Sept 61 Type employment Agency Agent - 201-1460

**Agency Training** Agency Training Agency Training

**Agency Assignments** Agency Assignments Agency Assignments

Type Training	Period	Date completed	Duties	Time Period	Country (a)
1. F.I. Ops		Oct 43	1. F.I. Ops	1946-1953	Germany
2. R.T.D. - 2nd, 3rd, 4th		Aug 9, Sept 11	2. R.T.D. - 2nd, 3rd, 4th	1954-1955	Viet Nam
3			3		
4			4		
5			5		

**Education:** Highest level & date attained 77 HANCOCK **Citizenship** 1. Nat. 5526522

**Date of Birth** 10 Oct 17 **Place of Birth** PAID, FRANCE

**Date Available for re-assignment** Special Clearances 12 Oct 61

**Name** CONNELLEY, E. J. **Current Assignment** Agency Agent

**SECRET**  
(When Filled In)

BIOGRAPHIC PROFILE (PART I)									
1. PERS. SERIAL NO.									
2. NAME (Last-First-Middle)				3. SEX	6. DATE OF BIRTH		5. LONGEVITY COMP. DATE		
Conein, Lucien E.				M	29 Nov 1919				
4. MARITAL STATUS	7. DEPENDENTS (Exclud. employed)	8. YEARS OF BIRTH		9. US NATURALIZATION DATE(S)					
Married		4 29, 50, 58, 59							
10. CAREER STAFF STATUS	MEMBERSHIP	OTHER STATUS		10. LAST MED. RPT. QUAL. FOR		SPOUSE		11. EVAL. FOR	
		contract nt							
12. CURRENT RESERVE STATUS	NONE	SERVICE	GRADE	ACTIVE DUTY WITH CIA CAT - 1		RELEASE TO MIL. SER. CAT - 2		TO BE DEFERRED CAT - 3	
13. ASSESSMENT DATE		13. PROFESSIONAL TEST DATE			14. LANGUAGE APTITUDE TEST DATE				
15. NON-CIA EMPLOYMENT									
16. NON-CIA EDUCATION									
High School, did not graduate 1949-53, Univ of Maryland, 77 sem hours									
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		French - fluent							
18. AGENCY SPONSORED TRAINING									
1951 - Operations training									
19. CIA EMPLOYMENT HISTORY SINCE 18 SEP 1947 (Personnel Actions, Military Orders, and Principal Details)									
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE			GRADE	SR	ORGANIZATION & ORGN. TITLE (If any)		LOCATION	
Nov 1961	Career agent PNOPS			13		DDP/SOD		Hqs	
Jan 1962	" " "			13		DDP/FE		Saigon	
Apr 1963	" " "			14		" "		"	
20. DATE REVIEWED									
Dec 1966									
21. PROFILE REVIEWED BY									
SOD/Pers/NTC									
22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE									

SECRET

BIOGRAPHIC PROFILE

**Conein, Lucien E.**

**DOB: 29 November 1919**

**Married: Three sons, born 1950, 1958, 1959**

**Naturalized U.S. Citizen, 11 Aug 1942 (Formerly French Citizen)**

**EOD: 12 November 1961**

**Current Reserve Status: U.S. Army Retired Reserves**

**Non-CIA Employment:**

1935-1940 - Printing, Pressman and Typesetter, F.R. Buckley  
Sept 1941 - Sept 1961 - U.S. Army, Lt./Col., Infantry

**Non-CIA Education and Training**

Mar-April 1943 - OCS, Ft. Benning, Ga.  
Nov 1943 - Mar 1944 - British Airborne School  
1949-1953 - University of Maryland, Mil. Science 77 Sem/hrs.  
1956 - Special Warfare School, Ft. Dragg, N.C.

**Foreign Languages:**

French-Fluent-Native of Country

**Agency Sponsored Training:**

Paramilitary Training

**CIA Employment:**

July 43-Dec 1945 - OSS-Special Mission to France and Indochina  
Jan 46-Jan 1951 - CIA Mission to Germany  
Nov 51-May 1952 - CIA-Chief of Nuernberg Operations Base  
1954-1956 - Detailed to CIA-Saigon Military Mission  
12 Nov 1961 - EOD as Career Agent  
19 Mar 1963 - Promoted to GS-14 step two equivalent

**Special Qualifications:**

Served as Military Liaison to J-2 SCS, Iranian Army  
1959-1961

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